Case 17-26446 Doc 1 Filed 09/01/17 Entered 09/01/17 13:13:25 Desc Ma

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| Fill in this information to identify your case                           |  |
|--|--|
| United States Bankruptcy Court for the:<br>Northern District of Illinois |  |
| Case number (if known):  | Chapter you are filing under:  Chapter 7  Chapter 11  Chapter 12  Chapter 13 |

SEP 0 1 2017

NORTHERN DISTRICT OF ILLINOIS

JEFFREY P. ALLSTEADT, CLERK
INTAKE 1

Check if this is an amended filing

#### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| P        | Identify Yourself  |  |   |
|----------|--|--|---|
| 1.       | Your full name Write the name that is on your  | About Debtor 1:                                | About Debtor 2 (Spouse Only in a Joint Case): |
|          | government-issued picture identification (for example, your driver's license or passport). | Tim fhy Branky, First name  JAnul  Middle name | First name  Middle name                       |
|          | Bring your picture identification to your meeting with the trustee.                        | Last name                                      | Last name                                     |
| 30 Table |  | Suffix (Sr., Jr., II, III)                     | Suffix (Sr., Jr., II, III)                    |
| 2.       | All other names you have used in the last 8 years  | First name                                     | First name                                    |
|          | Include your married or maiden names.  | Middle name                                    | Middle name                                   |
|          |  | Last name                                      | Last name                                     |
|          |  | First name                                     | First name                                    |
|          |  | Middle name                                    | Middle name                                   |
|          |  | Last name                                      | Last name                                     |
|          | Only the last 4 digits of your Social Security number or federal                           | xxx - xx - <u>U <u>U</u> <u>3</u> <u>9</u></u> | XXX - XX                                      |
|          | Individual Taxpayer<br>Identification number<br>(ITIN)                                     | 9 xx - xx                                      | 9 xx - xx                                     |

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| Debtor 1 First Name Middle N  | Tame Last Name.   | Case number (if known)   |
|---|---|--|
|   | /   |  |
|   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. Any business names<br>and Employer<br>Identification Numbers<br>(EIN) you have used in | ☑ I have not used any business names or EINs.   | ☐ I have not used any business names or EINs.  |
| the last 8 years include trade names and  | Business name   | Business name  |
| doing business as names   | Business name   | Business name  |
|   | EIN   | EIN  |
|   | EIN   | EIN  |
| 5. Where you live   |   | If Debtor 2 lives at a different address:  |
|   | Number Street Street  | Number Street  |
|   | Chicaco 31 1611   |  |
|   | City State ZIP Code   | City State ZIP Code  |
|   | County  | County   |
|   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|   | Number Street   | Number Street  |
|   | P.O. Box  | P.O. Box   |
|   | City State ZIP Code   | City State ZIP Code  |
| Why you are choosing  | Check one:  | Check one:   |
| this district to file for bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|   | I have another reason. Explain. (See 28 U.S.C. § 1408.)   | I have another reason. Explain. (See 28 U.S.C. § 1408.)  |
|   |   |  |
|   |   |  |

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| Debtor | 1 |
|--------|---|

| 1 11.00   | thy I       | BAKKY     |  |
|-----------|-------------|-----------|--|
| inst Name | Middle Name | Last Name |  |

Case number (if known)\_\_\_\_

| 7. The chapter of the<br>Bankruptcy Code you  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate by |  |   |  |                            | 11 U.S.C. § 342(b) for Individuals Filing                |   |  |
|---|--|--|---|--|----------------------------|--|---|--|
| are choosing to file under  | Chapter 7  |  |   |  |                            |  |   |  |
| uituoi  | ☐ Ch   | □ Chapter 11   |   |  |                            |  |   |  |
|   | ☐ Ch   | apter 1  | 2   |  |                            |  |   |  |
|   | Z Ch   | apter 10   | 3   |  |                            |  |   |  |
| . How you will pay the fee  | you<br>sub   | ☐ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. |   |  |                            |  |   |  |
|   | ⊠Íine<br><i>Api</i>  | ed to p  | ay the fee in   | installment  | s. If yo                   | ou choose this o   | ption, sign and attach the<br>ents (Official Form 103A).  |  |
|   | ☐ I re<br>By<br>less<br>pay  | quest to<br>aw, a ju<br>than 1:<br>the fee   | hat my fee b<br>idge may, bu<br>50% of the o<br>in installmer | e waived (Yout is not require fficial poverty hts). If you cho | u may<br>ed to,<br>line th | request this op<br>waive your fee,<br>lat applies to you | tion only if you are filing for Chapter 7 and may do so only if your income is ur family size and you are unable to nust fill out the Application to Have the with your petition. |  |
| Have you filed for bankruptcy within the  | ⊠ No   |  |   |  |                            |  |   |  |
| last 8 years?   | ☐ Yes.   | District   | <del>*</del>  |  | When                       | MM / DD / YYYY   | Case number   |  |
|   |  | District   |   |  |                            |  | Case number   |  |
|   |  | District   |   |  |                            |  |   |  |
|   |  | Diotrict   | <del>- 1</del>  |  | When                       | MM / DD / YYYY   | Case number   |  |
| Are any bankruptcy  | ⊠ No   |  |   |  |                            |  |   |  |
| cases pending or being filed by a spouse who is                                       |  | Debtor   | W   |  |                            |  | Relationship to you   |  |
| not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? |  |  |   |  | When                       |  | Case number, if known   |  |
|   |  | Debtor   |   |  |                            |  | Relationship to you   |  |
|   |  | District   |   |  | ∕∕hen                      | MM / DD / YYYY   | Case number, if known   |  |
| Do you rent your<br>residence?  | ⊠ No.<br>□ Yes.  | Go to lir<br>Has you<br>residence  | r landlord obta   | ined an eviction   | n judgr                    | nent against you a                                       | and do you want to stay in your   |  |
|   |  | ☐ No.  | Go to line 12.  |  |                            |  |   |  |
|   |  |  |   |  |                            |  |   |  |

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| Debtor 1 Thursby J  | ame         | Bladdy   | . Case number (if known)  |  |  |  |
|---|-------------|--|---|--|--|--|
|   | are se      | rest (4911/6   |   |  |  |  |
| art 3: Report About Any   | Busine:     | sses You Own as a Sole Pr  | roprietor   |  |  |  |
| z. Are you a sole proprietor  | - 50 No.    | Code Dodd  |   |  |  |  |
| of any full- or part-time   | /           | . Go to Part 4.  |   |  |  |  |
| business? A sole proprietorship is a  | <b>∟</b> Ye | s. Name and location of business   | SS S  |  |  |  |
| business you operate as an  |             | Name of business, if any   |   |  |  |  |
| individual, and is not a<br>separate legal entity such as                                       |             | reasing of business, it arry   |   |  |  |  |
| a corporation, partnership, or LLC.   |             | Number Street  |   |  |  |  |
| If you have more than one   |             |  |   |  |  |  |
| sole proprietorship, use a<br>separate sheet and attach it                                      |             | <del></del>  |   |  |  |  |
| to this petition.   |             | City   | State ZIP Code  |  |  |  |
|   |             |  | Zir Code  |  |  |  |
|   |             | Check the appropriate box to d   | describe your business:   |  |  |  |
|   |             | Health Care Business (as d   | defined in 11 U.S.C. § 101(27A))                                  |  |  |  |
|   |             |  | as defined in 11 U.S.C. § 101(51B))                               |  |  |  |
|   |             | Stockbroker (as defined in   |   |  |  |  |
|   |             | Commodity Broker (as defin   | ined in 11 U.S.C. § 101(6))                                       |  |  |  |
|   |             | None of the above  |   |  |  |  |
| Chapter 11 of the<br>Bankruptcy Code and<br>are you a small business<br>debtor?                 | most re     | are filing under Chapter 11, the court must know whether you are a small business debtor so that it appropriate deadlines. If you indicate that you are a small business debtor, you must attach your recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  |   |  |  |  |
| For a definition of small   | √a No.      | o. I am not filing under Chapter 11.   |   |  |  |  |
| business debtor, see<br>11 U.S.C. § 101(51D).   | ☐ No.       | . I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.   |   |  |  |  |
|   | ☐ Yes.      | I am filing under Chapter 11 and Bankruptcy Code.  | d I am a small business debtor according to the definition in the |  |  |  |
| ort 4: Report if You Own o  | r Have      | Any Hazardous Property or  | r Any Property That Needs Immediate Attention                     |  |  |  |
|   |             |  |   |  |  |  |
| Do you own or have any property that poses or is  | <b>⊠</b> No |  |   |  |  |  |
| alleged to pose a threat of imminent and  | ₩ Yes.      | What is the hazard?  |   |  |  |  |
| identifiable hazard to  |             |  |   |  |  |  |
| public health or safety?<br>Or do you own any   |             | *******  |   |  |  |  |
| property that needs   |             | If immediate attention is need to  | 4.1.50  |  |  |  |
| immediate attention? For example, do you own  |             | in minimisurate attention is needed  | d, why is it needed?  |  |  |  |
| perishable goods, or livestock<br>that must be fed, or a building<br>that needs urgent repairs? |             | principal designation of the second s |   |  |  |  |
|   |             | Where is the property?   |   |  |  |  |
|   |             | Number   | Street  |  |  |  |
|   |             |  |   |  |  |  |
|   |             | *****  |   |  |  |  |

City

ZIP Code

State

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Debtor 1

| Case number (if known) |
|------------------------|
|------------------------|

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any, if you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-26446 Doc 1 Filed 09/01/17 Entered 09/01/17 13:13:25 Desc Main Document Page 6 of 57

| Debtor | 1 |
|--------|---|

| Vinic      | Thy J       | BlAlder   |  |
|------------|-------------|-----------|--|
| First Name | Middle Name | Last Name |  |

| Case number (if known) |
|------------------------|
|------------------------|

| Part 6: Answer These Qu  | estions for Reporting Purp   | oses   |   |  |  |
|--|--|--|---|--|--|
| 16. What kind of debts do you have?  | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  |  |   |  |  |
| •  | ☐ No. Go to line 16b.<br>☑ Yes. Go to line 17.   |  |   |  |  |
|  | money for a basiness of  | arily business debts? Business debts investment or through the operation of the  | s are debts that you incurred to obtain<br>a business or investment.  |  |  |
|  | <ul><li>No. Go to line 16c.</li><li>☐ Yes. Go to line 17.</li></ul>  |  |   |  |  |
| The state of the s | 16c. State the type of debts your factors  | ou owe that are not consumer debts or bushs city of Chicago  | siness debts.   |  |  |
| 17. Are you filing under<br>Chapter 7?   | No. I am not filing under C  | Chapter 7. Go to line 18.  |   |  |  |
| Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?  | administrative expens  No  | oter 7. Do you estimate that after any exer<br>ses are paid that funds will be available to  | npt property is excluded and distribute to unsecured creditors?   |  |  |
| 18. How many creditors do you estimate that you owe?   | <ul> <li>1-49</li> <li>50-99</li> <li>100-199</li> <li>200-999</li> </ul>  | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |  |  |
| 19. How much do you estimate your assets to be worth?  | № \$0-\$50,000<br>□ \$50,001-\$100,000<br>□ \$100,001-\$500,000<br>□ \$500,001-\$1 million   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |  |  |
| 20. How much do you estimate your liabilities to be?  Part 7: Sign Below   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |  |  |
| For you  | I have examined this petition, ar  | nd I declare under penalty of perjury that ti  | he information provided is true and   |  |  |
| If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, of title 11, United States Code. I understand the relief available under each chapter, and I choose to under Chapter 7.   |  |  |   |  |  |
| If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |  |  |   |  |  |
|  |  |  |   |  |  |
|  | Signature of Debtor 1  | X Signature of   | #Dahta a  |  |  |
|  | Executed on \( \frac{\fin}}}}{\fint}}}}}}}}{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}{\fin}}}}}}}}{\frac{\frac{\firac{\f{\frac{\frac{\frac{\frac{\fir}{\fi | Signature of Signa |   |  |  |

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| For your attorney, if you are represented by one                                   | I, the attorney for the debtor(s) named in this post opposed under Chapter 7, 11, 12, or 13 of titl available under each chapter for which the persthe notice required by 11 U.S.C. 8, 342(b) and | e 11, United States Code, a  | and hav     | e ex                        | plain                                   | ed the relief |
|--|---|--|-------------|-----------------------------|---|---------------|
| f you are not represented<br>by an attorney, you do not<br>need to file this page. | knowledge after an inquiry that the information   | e notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certification owledge after an inquiry that the information in the schedules filed with the petition is incorrect. |             | rtify that I have no rrect. |   |               |
|  | Signature of Attorney for Debtor  | Date   | ММ          | 1                           | DD                                      | /YYYY         |
|  | Printed name  |  |             | ·                           | W5-2                                    |               |
|  | Firm name   |  | <del></del> |                             | ······································  |               |
|  | Number Street   |  | · - •       |                             |   |               |
|  | City  | State  | ZIP Co      | ode                         |   |               |
|  | Contact phone   | F2-11  |             |                             |   |               |
|  |   | Email address  |             | •                           | • |               |
|  | Bar number  | State  | -           |                             |   |               |

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|  | Document  | Page 8 of 57   |   |
|--|---|--|---|
| Debtor 1 First Name Middle Name  | B RACHEY Last Name  | . Case nu  | mber (il known)   |
| For you if you are filing this bankruptcy without an attorney  If you are represented by | themselves successfully. Be<br>consequences, you are stro   | iy people find it extren<br>ecause bankruptcy has<br>ngly urged to hire a qu   | s long-term financial and legal<br>µalified attorney.   |
| an attorney, you do not need to file this page.  | dismissed because you did not f<br>hearing, or cooperate with the co<br>firm if your case is selected for a<br>case, or you may lose protection | ille a required document,<br>ille a required document,<br>ourt, case trustee, U.S. tru<br>udit. If that happens, you<br>s, including the benefit of  |   |
|  | in your schedules. If you do not if property or properly claim it as exalso deny you a discharge of all years, such as destroying or hidin      | ist a debt, the debt may not be at your debts if you do some g property, falsifying recetermine if debtors have betermine if debtors have bettermine if debtors have be | that you are required to file with the your bankruptcy, you must list that debt not be discharged. If you do not list be to keep the property. The judge can ething dishonest in your bankruptcy ords, or lying. Individual bankruptcy been accurate, truthful, and complete. |
|  | If you decide to file without an atti-<br>hired an attorney. The court will n<br>successful, you must be familiar y                             | orney, the court expects you treat you differently be with the United States Barcal rules of the court in w  | you to follow the rules as if you had cause you are filing for yourself. To be nkruptcy Code, the Federal Rules of hich your case is filed. You must also   |
|  | Are you aware that filing for bankr consequences?  No Yes   | uptcy is a serious action  | with long-term financial and legal  |
|  | Are you aware that bankruptcy fra inaccurate or incomplete, you could No Yes  | ud is a serious crime and<br>d be fined or imprisoned?   | that if your bankruptcy forms are   |
|  | Did you pay or agree to pay someo   |  | y to help you fill out your bankruptcy forms?  ion, and Signature (Official Form 119).  |
|  | By signing here, I acknowledge tha have read and understood this notic attorney may cause me to lose my   | ic. and I am award that fi   | avolved in filing without an attorney. I<br>iling a bankruptcy case without an<br>ot properly handle the case.  |
| ×  | Signature of Debtor 1   | <b>★</b>   | nature of Debtor 2  |
|  | Date 3 2 2017<br>MM/DD /YYYY  | . Date   |   |
| •  | Contact phone   | Con  | tart nhone  |

Cell phone

Email address

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

| In Re: |            |          |          | ) |            |
|--------|------------|----------|----------|---|------------|
|        | D.L. ()    |          | f        | ) | Case No.   |
|        | Debtor (s) | 'Timoshy | J Blakky | ) | Chapter /3 |
|        |            |          |          | ) |            |

#### List of Creditors

| OFFICE OF The Secretary of<br>TSD STATE<br>PROFESSIONE NUMBER 25 &3301                             | 233 S. WACKER<br>Chicago, IL 60606 |
|--|------------------------------------|
| CITY OF CHUAGO  FATLING HOLETS  TJB  |                                    |
| City of Chicago<br>Department of Revenue,<br>Bureau et parking<br>Bankrupty, 121 NELASALLE ST ROOM |                                    |
| Chicago, 2 L 60602   |                                    |
| Minous Secretary of STOTE<br>IN STATE St, Checaso, Te Golz   |                                    |

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| Fill in this in                 | nformation to ide | ntify your case:                              |                     |
|---------------------------------|-------------------|---|---------------------|
| Debtor 1                        | First Name        | T<br>Middle Name                              | Blakky<br>Last Name |
| Debtor 2<br>(Spouse, if filing) | \ Eight More      |   |                     |
| .,                              | •                 | Middle Name<br>r the: Northern District of II | Lest Name           |
| Case number                     |                   | THE THORNION PROBLEM OF IT                    | iiilois             |
|                                 | (If known)        |   |                     |

#### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Part 1: Summarize Your Assets   |                                      |
|---|--------------------------------------|
| Schedule A/B: Property (Official Form 106A/B)   | Your assets<br>Value of what you own |
| 1a. Copy line 55, Total real estate, from Schedule A/B  | . s <u> </u>                         |
| 1b. Copy line 62, Total personal property, from Schedule A/B  | · \$                                 |
| 1c. Copy line 63, Total of all property on Schedule A/B   | s                                    |
| Part 2: Summarize Your Liabilities  |                                      |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | s_8650                               |
|   |                                      |
| Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I  | \$                                   |
| Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22c of Schedule J  | \$                                   |

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| Debtor | 1 |  |
|--------|---|--|

| mory       | J           | Blakky    | Case number (#known) |
|------------|-------------|-----------|----------------------|
| First Name | Middle Name | Ľast Name | -                    |

| ALC:    | art 498 Answer These Questions for Administrative and Statistical Record   | 5   |   |
|---------|--|---|---|
| 6.      | Are you filing for bankruptcy under Chapters 7, 11, or 13?   |   |   |
|         | No. You have nothing to report on this part of the form. Check this box and submit this Yes  | form to the court with your othe  | r schedules.  |
| 7.      | What kind of debt do you have?   | A CLEMENT MACHINER AND REAL AND AND THE PROPERTY OF THE PROPERTY SEARCH AND | APPLET TERMENNEN FAN FAN HELD SKAP SKAP STORET. DE LEID BERGEN SKAP SKAP FAN HELD SKAP SKAP SKAP SKAP SKAP SKAP SKAP SKAP |
|         | Your debts are primarily consumer debts. Consumer debts are those "incurred by a family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purp | n individual primarily for a perso<br>oses. 28 U.S.C. § 159,  | onal,   |
|         | Your debts are not primarily consumer debts. You have nothing to report on this pathis form to the court with your other schedules.  | rt of the form. Check this box ar   | nd submit   |
| 8.      | From the Statement of Your Current Monthly Income: Copy your total current monthly in Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.                   | ncome from Official   | s \$00  |
|         | The It.  |   | \$  |
| dentros |  |   |   |
| 9.      | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:   |   |   |
|         |  | Total claim   |   |
|         | From Part 4 on Schedule E/F, copy the following:   |   |   |
|         | 9a. Domestic support obligations (Copy line 6a.)   | \$  |   |
|         | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$ <u>8,000</u>   |   |
|         | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$  |   |
|         | 9d. Student loans. (Copy line 6f.)   | \$  |   |
|         | <ol> <li>Obligations arising out of a separation agreement or divorce that you did not report as<br/>priority claims. (Copy line 6g.)</li> </ol>                             | <u>\$</u>   |   |
|         | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)   | + \$  |   |
|         | 9g. <b>Total.</b> Add lines 9a through 9f.   | \$ 8,000  |   |

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| Fill in this information to identify your case and th   | is filing:   |  |   |
|---|--|--|---|
| Debtor 1 Tim off  | DIAKLES  |  |   |
| First Name Middle Name  Debtor 2  | Last Name  |  |   |
| (Spouse, if filing) First Name Middle Name  | Last Name  |  |   |
| United States Bankruptcy Court for the: Northern District o                                       | f Illinois   |  |   |
| Case number   |  | Į.   | Check if this is an   |
|   |  |  | amended filing  |
| Official Form 106A/B  |  |  |   |
| Schedule A/B: Propert   | у  |  | 12/15   |
| 2028 FEBRUARY (201  | ete and accurate as possible. If two married per<br>lore space is needed, attach a separate sheet to<br>wer every question.  Land, or Other Real Estate You Own or I | ople are filing together, be this form. On the top of lave an interest in        | oth are equally   |
| <ol> <li>Do you own or have any legal or equitable interest</li> <li>No. Go to Part 2.</li> </ol> | st in any residence, building, land, or similar p  | operty?  |   |
| Yes. Where is the property?   |  |  |   |
| Street address, if available, or other description  | What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building   | the amount of any secure   | aims or exemptions. Put<br>ed claims on Schedule D:<br>ims Secured by Property. |
| Street address, if available, or other description  | Condominium or cooperative  Manufactured or mobile home  | Current value of the entire property?  | Current value of the portion you own?   |
|   | Land  Investment property  | \$   | \$  |
| City State ZIP Code   | Timeshare Other  | Describe the nature interest (such as fee  | simple, tenancy by  |
|   | Who has an interest in the property? Check o   | the entireties, or a life.   | e estate), if known.  |
|   | Debtor 1 only  |  |   |
| County  | Debtor 2 only Debtor 1 and Debtor 2 only   | ☐ Check if this is co  | ommunity property   |
|   | At least one of the debtors and another  | (see instructions)   |   |
|   | Other information you wish to add about thi<br>property identification number:   | s item, such as local  |   |
| If you own or have more than one, list here:  |  |  | ·   |
| 1.2. Street address, if available, or other description   | What is the property? Check all that apply.  Single-family home Duplex or multi-unit building  | Do not deduct secured cl<br>the amount of any secure<br>Creditors Who Have Clair | d claims on Schedule D:<br>ns Secured by Property.                              |
|   | Condominium or cooperative  Manufactured or mobile home  Land  | Current value of the entire property?  | Current value of the portion you own?   |
|   | ☐ Investment property  | \$   | \$  |
| City State ZIP Code   | Timeshare Other  | Describe the nature of interest (such as fee the entireties, or a life           | simple, tenancy by  |
|   | Who has an interest in the property? Check one Debtor 1 only   |  | ***************************************   |
| County  | Debtor 2 only  |  |   |
| ·   | Debtor 1 and Debtor 2 only  At least one of the debtors and another  | Check if this is co<br>(see instructions)  | mmunity property  |
|   | Other information you wish to add about this property identification number:   |  |   |

Document Page 13 of 57 What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put ☐ Single-family home the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Street address, if available, or other description Duplex or multi-unit building Current value of the Condominium or cooperative Current value of the entire property? portion you own? ■ Manufactured or mobile home Land Investment property Describe the nature of your ownership City State ZIP Code Timeshare interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Debtor 1 and Debtor 2 only Check if this is community property (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles 🔯 No ☐ Yes Who has an interest in the property? Check one. 3.1. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the 
Current value of the Debtor 1 and Debtor 2 only entire property? Approximate mileage: portion you own? At least one of the debtors and another Other information: Check if this is community property (see instructions) if you own or have more than one, describe here: Who has an interest in the property? Check one. 3.2. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? Approximate mileage: portion you own? At least one of the debtors and another Other information: Check if this is community property (see instructions)

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Case 17-26446 Doc 1 Filed 09/01/17 Entered 09/01/17 13:13:25 Desc Main Document Page 14 of 57 Debtor 1 Case number (if known) Who has an interest in the property? Check one. 3.3. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Debtor 1 and Debtor 2 only Current value of the Approximate mileage: entire property? portion you own? At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. 3.4. Make: Do not deduct secured claims or exemptions. Put Debtor 1 only the amount of any secured claims on Schedule D: Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? At least one of the debtors and another Other information: Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ☑ No ☐ Yes Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put Debtor 1 only the amount of any secured claims on Schedule D. Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? ☐ Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. 4.2 Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the entire property? Other information: portion you own? At least one of the debtors and another ☐ Check if this is community property (see instructions)

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

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Debtor 1

Diak Peg

Part 3:

**Describe Your Personal and Household Items** 

| Do you own or have any legal or equitable interest in any of the following items?   | Current value of the portion you own?  Do not deduct secured claims or exemptions.   |
|---|--|
| 6. Household goods and furnishings  | or exemptions.   |
| Examples: Major appliances, furniture, linens, china, kitchenware   |  |
| Ø No  |  |
| Yes. Describe   |  |
|   | \$   |
| 7. Electronics  |  |
| Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games  |  |
| No No   |  |
| Yes. Describe   | \$   |
| 8. Collectibles of value  |  |
| · · · · · · · · · · · · · · · · · · ·   |  |
| Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles  No |  |
| Yes. Describe   | \$   |
| 9. Equipment for sports and hobbies   |  |
| Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, ckie; cancer  |  |
| and kayaks; carpentry tools; musical instruments  |  |
| Yes. Describe   |  |
|   | \$   |
| 10. Firearms  |  |
| Examples: Pistols, rifles, shotguns, ammunition, and related equipment  No  |  |
| Yes. Describe   | s  |
| 11, Clothes   |  |
| Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  No  |  |
| Yes. Describe   | ·····  |
|   | \$   |
| 12. Jewelry   | **Addition-to-   |
| Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver   | r (d) hadderer   |
| № No  | and the state of t |
| Yes. Describe   | \$   |
| 3. Non-farm animals   |  |
| Examples: Dogs, cats, birds, horses   | . Patrones   |
| <b>⊠</b> No   |  |
| Yes. Describe   | 7.   |
| 4. Any other personal and household items you did not already list, including any health aids you did not list  | \$   |
| DA No   |  |
| Yes. Give specific  | <b>~</b>   |
| information   | \$   |
| 5. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached   |  |
| for Part 3. Write that number here  | \$   |
|   | L  |

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Debtor 1

| T May      | با | T           |
|------------|----|-------------|
| First Name | 7  | Middle Name |

| D.   | nk   | les            |
|------|------|----------------|
| Last | Name | $-\mathcal{I}$ |

Case number (if known)\_\_\_\_

| Do you own or have an   | y legal or equitable interest in any of the following?  | portio   | nt value of the<br>n you own?<br>deduct secured claims<br>options. |
|---|---|--|--|
| 16, Cash Examples: Money you                                      | ı have in your wallet, in your home, in a safe deposit box, and on hanc   | when you file your netition                        |  |
| ⊠ No  |   | ,,   |  |
| ·   |   | Cash; \$   |  |
|   |   | <u> </u>   |  |
| 17. <b>Deposits of money</b> <i>Examples:</i> Checking, and other | savings, or other financial accounts; certificates of deposit; shares in c<br>similar institutions. If you have multiple accounts with the same institut  | redit unions, brokerage houses,<br>ion, list each. |  |
| <u> </u>  |   |  |  |
| ☐ Yes   | Institution name:   |  |  |
|   | 17.1. Checking account:   | \$   |  |
|   | 17.2. Checking account:   | <u> </u>   |  |
|   | 17.3. Savings account:  | <u> </u>   |  |
|   | 17.4. Savings account:  |  |  |
|   | 17.5. Certificates of deposit:  |  |  |
|   | 17.6. Other financial account:  | \$   |  |
|   | 17.7. Other financial account:  |  |  |
|   | 17.8. Other financial account:  | \$   |  |
|   | 17.9. Other financial account:  |  |  |
|   |   |  |  |
| en Bauda — stort for de   |   |  |  |
|   | or publicly traded stocks investment accounts with brokerage firms, money market accounts   |  |  |
| Ø No  |   |  |  |
| ☐ Yes   | Institution or issuer name:   |  |  |
|   |   | <u> </u>   | ······································                             |
|   |   | \$ <u></u>   |  |
|   | Manager and the second | <u> </u>   | T  |
|   |   |  |  |
| 19. Non-publicly traded s   | tock and interests in incorporated and unincorporated businesse   | s, including an interest in                        |  |
| an man harminini  | Name of entity:   | % of ownership:                                    |  |
| 2 No  | race of citity.   |  |  |
| No Yes. Give specific   | name of office.   | 0% "   |  |
| 2 No  |   | % \$%  |  |

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Debtor 1

|                       | Pί          | Journell | rayeir | 01 37                  |
|-----------------------|-------------|----------|--------|------------------------|
| TMOHLY I              | plake       | 1        |        | Case number (if known) |
| First Name Middle Nam | e Last Name |          |        |                        |
| J.                    | ,           | !        |        |                        |

| 20. Government and corporate bonds and other negotiable and<br>Negotiable instruments include personal checks, cashiers' chec<br>Non-negotiable instruments are those you cannot transfer to so |   |
|---|---|
| Negotiable instruments include personal checks, cashiers' chec  |   |
| tron tradement menametre die mose Aon calinor naugist to 201  | ks, promissory notes, and money orders.  neone by signing or delivering them. |
| ⊠ No  |   |
| Yes. Give specific Issuer name: information about   |   |
|   | <u> </u>  |
|   | \$  |
|   | \$  |
|   | ***************************************                                       |
| 21. Retirement or pension accounts  |   |
| Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift  | savings accounts, or other pension or profit-sharing plans                    |
| ₩ No  |   |
| Yes. List each account separately. Type of account: Institution name:   |   |
| 401(k) or similar plan:   | •   |
| <u> </u>  | <b>\$</b>   |
| Pension plan:   | \$  |
| IRA:  | <u> </u>  |
| Retirement account:   |   |
| Keogh:  |   |
|   |   |
| Additional account:   | <u> </u>  |
| Additional account:   | *** **********************************  |
| Your share of all unused deposits you have made so that you ma<br>Examples: Agreements with landlords, prepaid rent, public utilities<br>companies, or others                                   | s (electric, gas, water), telecommunications                                  |
| ⊠ No  |   |
| Yes Institution name or indiv   | district.   |
| Electric:   | iddal.  |
|   | \$  |
| Gas:  | \$  |
| Heating oil:  | \$  |
| Security deposit on rental unit:  | <b>\$</b>   |
| Prepaid rent:   | **************************************  |
| Telephone:  | \$  |
| Water:  |   |
| Rented furniture:   | \$  |
| Other:  | \$  |
|   | \$  |
| 3. Annulties (A contract for a periodic payment of money to you, eith   | ner for life or for a number of years)  |
| ₽ No  |   |
|   |   |
| Yes Issuer name and description:  |   |
| Yes Issuer name and description:  | <u> </u>  |
| Yes Issuer name and description:  | \$\$<br>\$\$  |

Case 17-26446 Doc 1 Filed 09/01/17 Entered 09/01/17 13:13:25 Desc Main Page 18 of 57 Document Debtor 1 Case number (# known) 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ☑ No 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ⊠Î No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No. ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ⊠ No Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you Ø No Yes. Give specific information Federal: about them, including whether you already filed the returns State: and the tax years..... Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement 🔯 No Yes. Give specific information..... Alimony: Maintenance: Support: Divorce settlement:

No.

30. Other amounts someone owes you

Yes. Give specific information.....

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation,

Social Security benefits: unpaid loans you made to someone else

Property settlement:

|  | Service of the servic |   |  |
|--|--|---|--|
| 31. Interests in insurance policies  |  |   |  |
| Examples: Health, disability, or life ins  | surance; health savings account (HS  | SA); credit, homeowner's, or renter's insurance   |  |
| ₩ No   |  |   |  |
| Yes. Name the insurance compan   | IV 0   | <b></b>   |  |
| of each policy and list its valu   |  | Beneficiary:  | Surrender or refund value:   |
|  |  |   | \$   |
|  |  |   | •  |
|  |  |   |  |
|  |  |   | _ \$   |
| 32. Any interest in property that is due   |  |   |  |
| If you are the beneficiary of a living true property because someone has died.                                   | ist, expect proceeds from a life insu  | rrance policy, or are currently entitled to receive   |  |
| No   |  | •   |  |
| •  |  |   |  |
| Yes. Give specific information   |  |   | •  |
|  |  |   |  |
| 33. Claims against third parties, whether  | er or not you have filed a lawsuit   | or made a demand for payment  |  |
| Examples: Accidents, employment dis  |  |   |  |
| <b>⊠</b> No  |  |   |  |
| Yes. Describe each claim   |  |   | <del></del> -  |
|  | <u> </u>   |   | \$   |
| 34. Other contingent and unliquidated of   | laims of every nature, including   | counterclaims of the debtor and rights  |  |
| to set off claims  |  |   |  |
| Ď No   |  |   |  |
| Yes. Describe each claim   |  |   |  |
|  |  |   | ] \$   |
|  |  |   |  |
| 35. Any financial assets you did not alre  | andy liet  |   |  |
| 10 No  | rady list  |   |  |
| <i>1</i>   |  |   |  |
| Yes. Give specific information   |  |   | \$   |
|  |  |   |  |
| 36. Add the dollar value of all of your er   | itries from Part 4, including any e  | entries for pages you have attached   |  |
| for Part 4. Write that number here   |  | →   | \$   |
|  |  |   | <u> </u>   |
| entre esta de la companya de la comp  | iso tentro tra intercenti i memori delli i vi entre presente con comteccio coloria i colorida presenta i colorida.   | en erkke for till. 1888 svener i di tri i kunstillining kom i mingres på syk ti <u>ll fledt befalling.</u> Englis i de <del>n påstansen mingres</del> |  |
| Part 5: Describe Any Busines   | on Balatad Bernada Van 6   |   |  |
| Describe Any Busines   | ss-Related Property You C  | own or Have an Interest In. List any  | real estate in Part 1.   |
| 37. Do you own or have any legal or equ  | itable interest in any business-re   | lated property?   |  |
| 🔼 No. Go to Part 6.  |  |   |  |
| Yes. Go to line 38.  |  |   |  |
|  |  |   |  |
|  |  |   | Current value of the   |
|  |  |   | portion you own?  Do not deduct secured claims   |
|  |  |   | or exemptions.   |
| 38. Accounts receivable or commissions   | s vou already earned   |   | TO DESCRIPTION OF THE PROPERTY |
| <b>№</b> No  |  |   | 3.<br>   |
| Yes. Describe  |  |   |  |
| Tes. Describe  |  |   | \$   |
| Office equipment furnishing  |  |   | · · · · · · · · · · · · · · · · · · ·  |
| <ol> <li>Office equipment, furnishings, and s</li> <li>Examples: Business-related computers, software</li> </ol> |  | chines, rugs, telephones, desks, chairs, electronic device  |  |
| No   | , moderno, princis, copiers, rax mac   | annos, rugs, telephones, desas, chairs, electronic device   | E STATE OF S |
| Yes. Describe  |  |   | <b>–</b>   |
| — Tes. Describe  |  |   | <b>5</b>   |
| <del></del>  |  | · · · · · · · · · · · · · · · · · · ·   |  |

Debtor 1

Document Page 20 of 57 Debtor 1 Case number (if known) 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade ☐ Yes. Describe.. 41. Inventory VI No Yes. Describe. 42. Interests in partnerships or joint ventures ₩ No Yes. Describe...... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations ☑ No. Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes. Describe...... ᠕ 44. Any business-related property you did not already list Ø No Yes. Give specific information ...... 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached D for Part 5. Write that number here ..... Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. Part 6: If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish ☑ No

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Desc Main

Debtor 1 48. Crops-either growing or harvested M No Yes. Give specific 0 information..... 49 Farm and fishing equipment, implements, machinery, fixtures, and tools of trade 🗋 Yes 50. Farm and fishing supplies, chemicals, and feed ₩ No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list ₩ No ☐ Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership D No Yes. Give specific information...... 54. Add the dollar value of all of your entries from Part 7. Write that number here Part 8: List the Totals of Each Part of this Form O 55. Part 1: Total real estate, line 2 56. Part 2: Total vehicles, line 5 57. Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 59. Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 62. Total personal property. Add lines 56 through 61. Copy personal property total -> 63. Total of all property on Schedule A/B. Add line 55 + line 62.

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| Fill in this in                 | iformation to identify    | your case:              |             |
|---------------------------------|---------------------------|-------------------------|-------------|
| Debtor 1                        | Timo Hy<br>First Name     | Middle Name             | Blak ley    |
| Debtor 2<br>(Spouse, if filing) | First Name                | Middle Name             | Last Name   |
| United States                   | Bankruptcy Court for the: | Northern District of II | linois      |
| Case number<br>(if known)       |                           |                         | <del></del> |

#### Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

### Part 1: Identify the Property You Claim as Exempt

| For any property you list on Schedule A/B ti   | iat you claim as exem                | pt, fill in the information below.                                 |
|--|--------------------------------------|--|
| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Specific laws that allow exempti |
|  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption.                             |
| Brief description:   | <b>s</b>                             | <u> </u>   |
| Line from Schedule A/B:  | <b>*</b>                             | 100% of fair market value, up to any applicable statutory limit    |
| Brief description:   | \$                                   | <u> </u>   |
| Line from Schedule A/B:  |                                      | 100% of fair market value, up to any applicable statutory limit    |
| Brief description:   | <b>s</b>                             | <b></b>  |
| Line from Schedule A/B:  |                                      | 100% of fair market value, up to any applicable statutory limit    |

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Case number (if known)\_

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own                                | Amount of the exemption you claim Specific laws that allow exemption |
|---|---|--|
|   | Copy the value from<br>Schedule A/B                                 | Check only one box for each exemption                                |
| Brief description:  | \$  | <b></b>  |
| Line from   |   | 100% of fair market value, up to any applicable statutory limit      |
| Brief description:  | \$  | <b>\$</b>  |
| Line from Schedule A/B: ———   |   | 100% of fair market value, up to any applicable statutory limit      |
| Brief description:  | _ \$  | <b>\_</b>  |
| Line from Schedule A/B:   |   | 100% of fair market value, up to any applicable statutory limit      |
| Brief description:  | \$  | □ s  |
| Line from Schedule A/B:   | ii in iiiii iimmin waxaanaya iimey dharrathaninii iin iin iin ayayy | 100% of fair market value, up to any applicable statutory limit      |
| Brief description:  | \$  | <u></u>  |
| Line from Schedule A/B:   |   | 100% of fair market value, up to any applicable statutory limit      |
| Brief description:  | _ \$  | <b>O</b> \$  |
| Line from Schedule A/B:   |   | 100% of fair market value, up to any applicable statutory limit      |
| Brief description:  | <b>\$</b>   | □ \$   |
| Line from<br>Schedule A/B:  |   | 100% of fair market value, up to any applicable statutory limit      |
| Brief<br>description:   | _ \$  | <b>\$</b>  |
| Line from<br>Schedule A/B: ———  |   | 100% of fair market value, up to any applicable statutory limit      |
| Brief<br>description:   | \$  | <b>\( \)</b> \$  |
| Line from Schedule A/B:   |   | 100% of fair market value, up to any applicable statutory limit      |
| Brief<br>description:   | . \$  | <b>Q</b> \$  |
| Line from<br>Schedule A/B:  |   | 100% of fair market value, up to any applicable statutory limit      |
| Brief<br>description:   | . \$  | <b>U</b> \$  |
| Line from<br>Schedule A/B:  | •   | 100% of fair market value, up to any applicable statutory limit      |
| Brief<br>description:   | . \$  | <b>O</b> s   |
| Line from Schedule A/B:   |   | 100% of fair market value, up to any applicable statutory limit      |

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|  |  |  |  | 9                         |  |                          |  |
|--|--|--|--|---------------------------|--|--------------------------|--|
| Fill in this i   | information to identi                        | fy your case:                            |  |                           |  |                          |  |
| AND THE PROPERTY OF STREET, AND THE PROPERTY OF STREET, AND THE PROPERTY OF STREET, AND ADDRESS AND AD | Translati                                    |  | Dlaklar  |                           |  |                          |  |
| Debtor 1   | First Name                                   | Middle Name                              | Last Name  |                           |  |                          |  |
| Debtor 2<br>(Spouse, if filing   | ) First Name                                 | Middle Name                              | Last Name  |                           |  |                          |  |
|  | Bankruptcy Court for the                     |  |  |                           |  |                          |  |
|  |  | z. Profutorit Diodio.                    | JI IIII IOIS   |                           |  |                          |  |
| Case number<br>(If known)  |  |  | WWW  |                           |  | ☐ Check                  | if this is an  |
|  |  |  |  |                           |  |                          | ed filing  |
| Official   | Form 106D                                    |  |  |                           |  |                          |  |
|  |  |  |  |                           | <u></u>                                |                          |  |
|  |  |  | ho Have Cla  |                           |  |                          | 12/15  |
| Be as comp   | lete and accurate as                         | possible. If two m                       | narried people are filing                                    | together, both are e      | qually responsible f                   | or supplying correc      | 1  |
| IIII OTITIALIQII.  | ages, write your nan                         | eueu, copy the Ad                        | luitional Pade, till it out.                                 | number the entries,       | and attach it to this                  | form. On the top of      | any  |
| 4 No anu ai  |  |  | · ·  |                           |  |                          |  |
|  | reditors have claims                         |  |  | Piles Volley, Land Line   |  | _                        |  |
| Yes. F   | ill in all of the information                | Mit triis form to trie t<br>ition helow. | court with your other sche                                   | dules. You have noth      | ing else to report on                  | this form.               |  |
| ···  |  | auri polotti.                            |  |                           |  |                          |  |
| Part 1: Li   | st All Secured Cla                           | aims                                     |  |                           |  |                          |  |
| List all so  |  |  |  |                           | Column A                               | Column B                 | Column C   |
| tor each ci  | laim. It more than one                       | e creditor has a parti                   | one secured claim, list the other claim, list the other      | creditors in Part 2       | Amount of claim                        | Value of collateral      | Unsecured  |
| As much a  | is possible, list the cla                    | ims in alphabetical                      | order according to the cre                                   | editor's name.            | Do not deduct the value of collateral. | that supports this claim | portion<br>If any  |
| 2.1  |  | Descrit                                  | be the property that secu                                    | ree the claim:            |  |                          |  |
| Creditor's Na  | me   |  | Je the property that seed                                    | res the Gianni:           | T                                      | \$;                      | \$   |
| Number   | Chroni                                       |  |  |                           |  |                          |  |
| Number   | Street                                       | As of the                                | he date you file, the claim                                  | is: Charle all that annie | }                                      |                          |  |
|  |  | Con                                      |  | ів: спеск ан шат арріу.   |  |                          |  |
| City   | Ctata  | Unli                                     | iquidated  |                           |  |                          |  |
| ,  |  | ·  | outed  |                           |  |                          |  |
|  | he debt? Check one.                          |  | of lien. Check all that apply.                               |                           |  |                          |  |
| Debtor 1 d   |  | ☐ An a                                   | agreement you made (such a<br>loan)                          | s mortgage or secured     |  |                          |  |
| ****   | and Debtor 2 only                            |  | iutory lien (such as tax lien, m                             | echanic's lien)           |  |                          |  |
|  | ne of the debtors and and                    | other 🔲 Judg                             | gment lien from a lawsuit                                    | ,                         |  |                          |  |
| ☐ Check if   | this claim relates to a                      | Othe                                     | er (including a right to offset)                             |                           |  |                          |  |
| commun   | •  |  |  |                           |  |                          |  |
| Date debt wa   | is incurred                                  |  | ligits of account number                                     |                           |  |                          | The second secon |
| Creditor's Nam   | no   | Describ                                  | e the property that secur                                    | es the claim:             | \$                                     | \$\$                     |  |
| Oromic. o real.  |  |  |  |                           |  |                          |  |
| Number   | Street                                       |  |  |                           |  |                          |  |
|  |  |  | e date you file, the claim                                   | is: Check all that apply. |  |                          |  |
|  |  | Cont                                     |  |                           |  |                          |  |
| City   | State Z                                      | P Code Dispu                             |  |                           |  |                          |  |
| Who owes th  | e debt? Check one.                           | Nature c                                 | of lien. Check all that apply.                               |                           |  |                          |  |
| Debtor 1 o   | •  |  | greement you made (such as                                   | mortgage or secured       |  |                          |  |
| Debtor 2 o   |  | caric                                    | oan)   |                           |  |                          |  |
|  | nd Debtor 2 only<br>e of the debtors and ano |  | itory lien (such as tax lien, me<br>ment lien from a lawsuit | echanic's lien)           |  |                          |  |
|  |  | [] Other                                 | r (including a right to offset) _                            |                           |  |                          | :  |
| Check if t   | this claim relates to a                      |  |  |                           |  |                          |  |

Date debt was incurred Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

Entered 09/01/17 13:13:25 Desc Main Case 17-26446 Doc 1 Filed 09/01/17 Document Page 25 of 57 Debtor 1 Case number (if known) Column A **Additional Page** Column B Column C Part 1: Amount of claim Value of collateral Unsecured After listing any entries on this page, number them beginning with 2.3, followed Do not deduct the that supports this portion by 2.4, and so forth. value of collateral. claim If any Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated ZIP Code ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only car loan) Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit Other (including a right to offset) ☐ Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number \_\_\_\_ \_ Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated State ZIP Code Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured) Debtor 2 only car loan) Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number \_\_\_\_ Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent

| City State  | ZIP Code          | Unliquidated Disputed  |                 |      |
|---|-------------------|--|-----------------|------|
| Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a Check if this claim relates to community debt | another           | ture of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit  Other (including a right to offset) | -               |      |
| Date debt was incurred  | Las               | st 4 digits of account number  |                 |      |
| Add the dollar value of y   | our entries in C  | column A on this page. Write that number here:   | \$              |      |
| If this is the last page of<br>Write that number here:  | your form, add    | the dollar value totals from all pages.  | \$              |      |
| Official Form 106D  | Additional Page o | of Schedule D: Creditors Who Have Claims Secu  | red by Property | page |

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Case number (if known) List Others to Be Notified for a Debt That You Already Listed Part 2: Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. IlliNoTS On which line in Part 1 did you enter the creditor? \_\_ Name Last 4 digits of account number \_\_\_ \_\_ \_\_ On which line in Part 1 did you enter the creditor? \_\_\_\_ Last 4 digits of account number \_\_\_\_ \_\_\_ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? \_\_\_\_ Last 4 digits of account number \_\_\_ \_ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? \_\_\_ Name Last 4 digits of account number \_\_\_ \_\_ \_\_\_ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? Name Last 4 digits of account number \_\_\_ \_\_ \_\_\_ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? Name Last 4 digits of account number \_\_\_\_ \_\_\_ Number Street City ZIP Code State

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|--|---|--|
| Fill in this information to identify your case:  |   |  |
| ,  |   |  |
| Debtor1 Timothy TAMEL  | Dipicky   |  |
| First Name Middle Name   | Last Name   |  |
| Debtor 2 (Spouse, if filing) First Name Middle Name  | Last Name   |  |
|  |   |  |
| United States Bankruptcy Court for the: Northern Distric   | ct of Illinois  |  |
| Case number  | 1   | Check if this is an  |
| (If known)   |   | amended filing   |
|  |   |  |
| Official Form 106E/F   |   |  |
| Schedule E/F: Creditors \  | Who Have Unsecured Clair  | ms 12/15   |
|  | rt 1 for creditors with PRIORITY claims and Part 2 fo   |  |
| LIST the other party to any executory contracts or   | Unexpired leases that could result in a claim. Also   | list avacutory contracts on Schodula   |
| AVD: Froperty (Unicial Form 106A/B) and on Sche  | dule G: Executory Contracts and Uneynired Leases  | (Official Form 106G). Do not include any   |
| creditors with partially secured claims that are lis   | 190 In Schedule D: Creditors Who Have Claims Sec.   | red by Property if more enace is   |
| any additional pages, write your name and case n   | r the entries in the boxes on the left. Attach the Cont   | finuation Page to this page. On the top of   |
| ÖRANA (SANA)   |   |  |
| Part 1: List All of Your PRIORITY Unsecu   | red Claims  |  |
| Do any creditors have priority unsecured clair   | ms against you?   |  |
| No. Go to Part 2.  | no agamat your  |  |
| Yes.   |   |  |
| * • • · · · · · · · · · · · · · · · · ·  | W   |  |
| 2. List all of your priority unsecured claims, if a claim listed identify what type of claim it is | creditor has more than one priority unsecured claim, list   | the creditor separately for each claim. For  |
| norphonity amounts. As much as possible, list the  | If a claim has both priority and nonpriority amounts, list to claims in alphabetical order according to the creditor's in | name If you have more than him priority  |
| unsecured claims, fill out the Continuation Page o   | f Part 1. If more than one creditor holds a particular clair  | m. list the other creditors in Part 3  |
| (For an explanation of each type of claim, see the   | instructions for this form in the instruction booklet.)   |  |
|  | · · · · · · · · · · · · · · · · · · ·   | Total claim Priority Nonpriority   |
|  |   | amount amount  |
| 1 Allidois Secretary of STATE  |   | <b>5</b> 4-0   |
| Priority Creditor's Name   | Last 4 digits of account number   | \$ 8,000 \$ \$\$   |
| ,  | When was the debt incurred?   |  |
| Number Street  |   |  |
|  | As of the date you file, the claim is: Check all that appl  |  |
| Sermfield IL 67773   |   | у.   |
| City State ZIP Code  | Confingent  |  |
| Who incurred the debt? Check one.  | Unliquidated Disputed   |  |
| Debtor 1 only  | Disputed  |  |
| Debtor 2 only  | Type of PRIORITY unsecured claim:   |  |
| Debtor 1 and Debtor 2 only   | Domestic support obligations  |  |
| At least one of the debtors and another  | Taxes and certain other debts you owe the government  |  |
| Check if this claim is for a community debt  | Claims for death or personal injury while you were  |  |
| Is the claim subject to offset?  | intoxicated ,   | The state of the s |
| □ No   | 1 Other Specify PATKING TICKER  | The same of the sa |
| ☐ Yes  |   | -  |
| Outre Of Chicago   |   |  |
| Priority Creditor's Name   | Last 4 digits of account number   | \$ 8,000 s s   |
|  | When was the debt incurred?   |  |
| Number Street  |   |  |
|  | As of the date you file, the claim is: Check all that apply   |  |
|  | Contingent  |  |
| City State ZIP Code  | ☐ Unliquidated  |  |
| Who incurred the debt? Check one.  | ☐ Disputed  | and the state of t |
| Debtor 1 only  | Tune of PRIORITY  |  |
| Debtor 2 only  | Type of PRIORITY unsecured claim:   |  |
| Debtor 1 and Debtor 2 only   | Domestic support obligations  |  |
| At least one of the debtors and another  | Taxes and certain other debts you owe the government  |  |
| Check if this claim is for a community debt  | Claims for death or personal injury while you were intoxicated  |  |
| Is the claim subject to offset?  | Other. Specify PATUM + 10kef  |  |
| Is the claim subject to onset?   | Touler, Specify 17'10'19' + 1'CNG'  |  |

☐ No☐ Yes

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| Case number |

Debtor 1

Case number (if known)\_\_\_\_

| - WVCJ     | $I \sim$ |      |           | I |
|------------|----------|------|-----------|---|
| First Name | Middle   | Name | Last Name |   |

| er listing any entries on this page, number the  | m beginning with 2.3, followed by 2.4, and so forth.                                  | Total claim | Priority<br>amount | Nonpriori<br>amount                    |
|--|---|-------------|--------------------|--|
|  | Last 4 digita of account www.t  | \$          | \$                 | A Property of States                   |
| Priority Creditor's Name   | Last 4 digits of account number   | Ψ           | , P                | . Φ                                    |
| Number Street  | When was the debt incurred?   |             |                    |  |
|  | As of the date you file, the claim is: Check all that apply.                          |             |                    |  |
|  | ☐ Contingent  |             |                    |  |
| City State ZIP Code  | Unliquidated  |             |                    |  |
| 188L   | Disputed  |             |                    |  |
| Who incurred the debt? Check one.  Debtor 1 only   |   |             |                    |  |
| Debtor 2 only  | Type of PRIORITY unsecured claim:   |             |                    |  |
| Debtor 1 and Debtor 2 only   | Domestic support obligations  |             |                    |  |
| At least one of the debtors and another  | Taxes and certain other debts you owe the government                                  |             |                    |  |
| Check if this claim is for a community debt  | <ul> <li>Claims for death or personal injury white you were intoxicated</li> </ul>    |             |                    |  |
| - The state of the | Other. Specify  |             |                    |  |
| Is the claim subject to offset?  |   |             |                    |  |
| □ No   |   |             |                    |  |
| ☐ Yes  |   |             |                    |  |
|  |   |             |                    |  |
| Priority Creditor's Name   | Last 4 digits of account number   | \$          | \$                 | \$                                     |
|  | When was the debt incurred?   |             |                    |  |
| Number Street  |   |             |                    |  |
| en de la constanta de la const | As of the date you file, the claim is: Check all that apply.                          |             |                    |  |
|  | ☐ Contingent  |             |                    |  |
| City State ZiP Code  | Unliquidated  |             |                    |  |
| Who incurred the debt? Check one.  | Disputed  |             |                    |  |
| Debtor 1 only  | Type of PRIORITY unsecured claim:   |             |                    |  |
| Debtor 2 only  |   |             |                    |  |
| Debtor 1 and Debtor 2 only   | Domestic support obligations     Taxes and certain other debts you owe the government |             |                    |  |
| At least one of the debtors and another  | Claims for death or personal injury while you were                                    |             |                    |  |
| Check if this claim is for a community debt  | intoxicated   |             |                    |  |
|  | Other. Specify  |             |                    |  |
| Is the claim subject to offset?  |   |             |                    |  |
| □ No<br>□ Yes  |   |             |                    |  |
|  |   | <del></del> |                    |  |
|  | Last 4 digits of account number   | \$\$        | 5                  | \$                                     |
| riority Creditor's Name  | where   |             |                    |  |
| dumber Street  | When was the debt incurred?   |             |                    |  |
|  | As of the date you file, the claim is: Check all that apply.                          |             |                    |  |
|  |   |             |                    |  |
| State ZIP Code   | ☐ Contingent ☐ Unliquidated   |             |                    |  |
|  | Disputed  |             |                    |  |
| Vho incurred the debt? Check one.  |   |             |                    |  |
| Debtor 1 only  | Type of PRIORITY unsecured claim:   |             |                    |  |
| Debtor 2 only Debtor 1 and Debtor 2 only   | Domestic support obligations  |             |                    |  |
| ■ Deptor 1 and Deptor 2 only ■ At least one of the debtors and another   | Taxes and certain other debts you owe the government                                  |             |                    |  |
|  | Claims for death or personal injury while you were intoxicated                        |             |                    |  |
| Check if this claim is for a community debt  | Other. Specify  |             |                    | ************************************** |
| s the claim subject to offset?   |   |             |                    |  |
| □ No   |   |             |                    |  |
| ] Yes  |   |             |                    |  |

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Debtor 1

Case number (if known)\_

|     | $\phi$ | 587 |     |    | Иų |   |
|-----|--------|-----|-----|----|----|---|
| 81  | 9      | 20  | 157 | 20 | щ  |   |
| Ġ.  | -      | ı   | 7   | ъ  | •  | ч |
| 35. | - 1    | ú.  | -   | æ  |    | ы |
|     |        |     |     |    |    |   |

|    | 1974 List All of Your NUNPRIORITY Unsecured Claims   |  |   |
|----|--|--|---|
| 3. | Do any creditors have nonpriority unsecured claims against yo  | u?   |   |
|    | No. You have nothing to report in this part. Submit this form to tr  |  |   |
|    | ☐ Yes  | ·  |   |
|    |  | incommunity and advantage and a section in the section of the section in the section of the sect |   |
|    | List all of your nonpriority unsecured claims in the alphabetical nonpriority unsecured claim, list the creditor separately for each claim included in Part 1. If more than one creditor holds a particular claim, | m. For each claim listed, identify what type of claim it is. Do not  | list claims already   |
|    | claims fill out the Continuation Page of Part 2.   |  |   |
|    |  |  | Total claim   |
| .1 |  |  | An analysis in the Burn Ages Street St. Marrishay and discourses in the property of the |
|    | Nonpriority Creditor's Name  | Last 4 digits of account number  | \$  |
|    |  | When was the debt incurred?  |   |
|    | Number Street  | -  |   |
|    |  |  |   |
|    | City State ZIP Code  | As of the date you file, the claim is: Check all that apply.   |   |
|    |  | Contingent   |   |
|    | Who incurred the debt? Check one.  | Unliquidated   |   |
|    | Debtor 1 only  | ☐ Disputed   |   |
|    | Debtor 2 only  |  |   |
|    | Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured claim:   |   |
|    | At least one of the debtors and another  | Student loans  |   |
|    | ☐ Check if this claim is for a community debt  | Obligations arising out of a separation agreement or divorce   |   |
|    | Check if this claim is for a community debt  | that you did not report as priority claims   |   |
|    | Is the claim subject to offset?  | Debts to pension or profit-sharing plans, and other similar debts  |   |
|    | □ No   | Other. Specify   |   |
|    | Yes  |  |   |
| 2  |  | Last 4 digits of account number  | ė   |
|    | Nonpriority Creditor's Name  | When was the debt incurred?  | Φ   |
|    | Nonphony Creditor & Name   | Whieli was the debt incorrect  |   |
|    | Number Street  | -  |   |
|    |  | As of the date you file, the claim is: Check all that apply.   |   |
|    | City State ZIP Code  | Contingent   |   |
|    | Who incurred the debt? Check one.  | Unliquidated   |   |
|    |  | Disputed   |   |
|    | Debtor 1 only Debtor 2 only  |  |   |
|    | Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured claim:   |   |
|    | At least one of the debtors and another  | Student loans  |   |
|    |  | Obligations arising out of a separation agreement or divorce   |   |
|    | ☐ Check if this claim is for a community debt  | that you did not report as priority claims   |   |
|    | is the claim subject to offset?  | Debts to pension or profit-sharing plans, and other similar debts  |   |
|    | □ No   | Other. Specify   |   |
|    | ☐ Yes  |  |   |
| 3  |  |  |   |
|    | Nonpriority Creditor's Name  | Last 4 digits of account number  | \$  |
|    | Troughtony streams of Austra   | When was the debt incurred?  | -   |
|    | Number Street  | •  |   |
|    |  |  |   |
|    | City State ZIP Code  | As of the date you file, the claim is: Check all that apply.   |   |
|    | Who incurred the debt? Check one.  | ☐ Contingent   |   |
|    | Debtor 1 only  | Unliquidated   |   |
|    | Debtor 2 only  | ☐ Disputed   |   |
|    | Debtor 1 and Debtor 2 only   |  |   |
|    | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |   |
|    | _  | Student loans  |   |
|    | ☐ Check if this claim is for a community debt  | Obligations arising out of a separation agreement or divorce   |   |
|    | Is the claim subject to offset?  | that you did not report as priority claims   |   |
|    | □ No   | Debts to pension or profit-sharing plans, and other similar debts  |   |
|    | ☐ Yes  | Other. Specify   |   |
|    |  |  |   |

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Debtor 1

Case number (if known)\_

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

| After listing any entries on this page, number them beginning with  | h 4.4, followed by 4.5, and so forth.   | Total claim  |
|---|---|--|
|   | Last 4 digits of account number   | ¢  |
| Nonpriority Creditor's Name   | When was the debt incurred?   | Ψ  |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |  |
| City State ZIP Code  Who incurred the debt? Check one.  | Contingent Unliquidated Disputed  |  |
| ☐ Debtor 1 only ☐ Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |  |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another  | Student loans   |  |
| ☐ Check if this claim is for a community debt  Is the claim subject to offset? ☐ No ☐ Yes   | <ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify</li></ul>                                       |  |
|   | Last 4 digits of account number   | \$   |
| Nonpriority Creditor's Name   | When was the debt incurred?   |  |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |  |
| City State ZIP Code   | Contingent  |  |
| Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? | Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify |  |
| ☐ Yes   |   | ***************************************  |
|   | Last 4 digits of account number   | \$   |
| Nonpriority Creditor's Name   | When was the debt incurred?   | ·  |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |  |
| City State ZIP Code   | Contingent Unliquidated   |  |
| Who incurred the debt? Check one.  Debtor 1 only  | Disputed  |  |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that   |  |
| ☐ Check if this claim is for a community debt   | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  |  |
| Is the claim subject to offset?  No Yes   | Cl Other Specify  | The state of the s |

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Debtor 1

| Tionis    | the T       | Docu<br>Blacker | me |
|-----------|-------------|-----------------|----|
| irst Name | Middle Name | Last Name       |    |

Case number (if known)\_\_

Part 3:

### List Others to Be Notified About a Debt That You Already Listed

|               |  |   |   | On which entry in Part 1 or Part 2 did you list the original creditor?   |
|---------------|--|---|---|--|
| Name          |  |   |   | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims   |
| lumber        | Street   | **************************************  |   | Part 2: Creditors with Nonpriority Unsecured Claims  |
| ······        |  |   |   | Last 4 digits of account number  |
| City          | livis improvementensia da majo je nisemena nemegranama je pransava   | State                                   | ZIP Code                                |  |
| lame          |  |   |   | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| , Latic       |  |   |   | Line of (Check one);  Part 1: Creditors with Priority Unsecured Claims   |
| Number        | Street   |   |   | Part 2: Creditors with Nonpriority Unsecured Claims  |
|               |  | *************************************** |   |  |
| City          | · · · · · · · · · · · · · · · · · · ·  | State                                   | ZIP Code                                | Last 4 digits of account number  |
|               | ***************************************  |   |   | On which entry in Part 1 or Part 2 did you list the original creditor?   |
|               |  |   |   | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims   |
| lumber        | Street   |   |   | ☐ Part 2: Creditors with Nonpriority Unsecured Claims  |
|               |  |   |   |  |
| ity           |  | State                                   | ZIP Code                                | Last 4 digits of account number  |
| ame           |  | <u></u>                                 |   | On which entry in Part 1 or Part 2 did you list the original creditor?   |
|               | Otes -1  |   |   | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims   |
| umbe <i>t</i> | Street   |   |   | Part 2: Creditors with Nonpriority Unsecured Claims  |
|               |  |   |   | Last 4 digits of account number  |
| ity           | skil kalifiliki meden i Mesam Sakeskil Mikalikiki Alika dibandakan annaha camala                               | State                                   | ZIP Code                                |  |
| lame          |  |   | <del></del>                             | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| lumber        | Street   |   | <del></del>                             | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims  |
| iod HDCI      | Oli 601  |   |   | Part 2: Creditors with Nonpriority Unsecured Claims  |
| S/A           |  | AL                                      | 710.0-2-                                | Last 4 digits of account number  |
| ity           |  | State                                   | ZIP Code                                | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| lame          | · · · · · · · · · · · · · · · · · · ·  |   |   | _  |
| lumber        | Street   |   |   | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured |
|               | · · · · · · · · · · · · · · · · · · ·  |   |   | Claims   |
| ity           | - Marie  | State                                   | ZiP Code                                | Last 4 digits of account number  |
|               |  |   |   | On which entry in Part 1 or Part 2 did you list the original creditor?   |
| ame           |  |   |   | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims   |
| umber         | Street   | ·                                       | · · · · · · · · · · · · · · · · · · ·   | Part 2: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured                       |
| <u> </u>      |  |   | *************************************** | Claims   |
| ity           | umuu aanaa aan | State                                   | Z)P Code                                | Last 4 digits of account number  |
|               |  |   |   |  |

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Debtor 1

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Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

#### **Total claim**

Total claims from Part 1

- 6a. Domestic support obligations
- 6b. Taxes and certain other debts you owe the government
- 6c. Claims for death or personal injury while you were intoxicated
- 6d. Other. Add all other priority unsecured claims. Write that amount here.
- 6e. Total. Add lines 6a through 6d.

- 6a. 10. co6
- 6b.
- 6c
- 6d. 10000
- 6e. 00C, C1

#### Total claim

**Total claims** from Part 2

- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total. Add lines 6f through 6i.

- Ü 6g.
  - V
- 6j.

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| F            | ill in this ir         | itormation to identify   | y your case:   |  |  |   |
|--------------|------------------------|--|--|--|--|---|
| D            | ebtor                  | TIMOTH   | ナ  | DINGLEY  |  |   |
|              | ebtor 2                | First Name   | Middle Name  | Last Na/he   |  |   |
|              | pouse If filing)       |  | Middle Name  | Łast Name  |  |   |
| ĺ            |                        | Bankruptcy Court for the:  | Northern Distric   | t of Illinois  |  |   |
|              | ase number<br>f known) |  |  |  |  | Check if this is an amended filing  |
| Ο:           | fficial E              | orm 106G   |  |  |  |   |
|              |                        |  |  |  |  |   |
|              |                        |  |  |  | l Unexpired Leases   | 12/15   |
| INTO         | rmation. If            | te and accurate as per<br>more space is need<br>les, write your name   | ed, copy the ad  | ditional page, fill it out, n  | ogether, both are equally responsible for supply<br>umber the entries, and attach it to this page. On  | ing correct<br>the top of any   |
| 1.           | 🛚 No. CI               | ave any executory coneck this box and file t   | this form with the   | court with your other sche   | dules. You have nothing else to report on this form. e listed on <i>Schedule A/B: Property</i> (Official Form 10   | 0.4 (%)   |
| 2.           | List separ             | ately each person or<br>rent, vehicle lease, o   | r company with   | whom you have the conf   | e listed on Schedule AVB: Property (Official Form 10 ract or lease. Then state what each contract or lease in the instruction booklet for more examples of ex  | nach ic for Ifor  |
|              | Person or              | company with whor  | m you have the   | contract or lease  | State what the contract or lease is for  |   |
| 2.1          | Se.                    | Companylof   | STATE  | TJO  | _  |   |
|              | Name                   | ,  |  |  |  |   |
|              | Number                 | Street   | 7.7  |  | -  |   |
| 'o'ahasa, si | City                   | 7.7  | State ZIP Code   | )  | -  |   |
| 2.2          | Gv.                    | #3d  |  |  | NOTES IN THE SERVICE TO THE PROPERTY OF THE SERVICE STATES TO THE SERVICE STATES AND THE SE | NO MACHINE PARK METERS TO EMETING A PROPERTY OF PROMETER THE SECTION AND METERS (TO THE METERS (TO THE METERS)  |
|              | Name 2                 | //   | · · · · · · · · · · · · · · · · · · ·  |  | -  |   |
|              | Number                 | Street   |  |  | -  |   |
| ar daya      | City                   | maint is a superpose proper property of all and in the latest in the   | State ZiP Code   |  |  |   |
| 2.3          |                        |  | and the second of the second | a ku diamenteka diameka (2001). A Terrete Purchillus II. Agas er Albert Halling de Armillus eta Atlantia.  |  |   |
|              | Name                   |  |  |  | •  |   |
|              | Number                 | Street   | ***************************************  | WHITE THE PROPERTY OF THE PROP |  |   |
| ete dan dan  | City                   | S  | State ZIP Code   |  |  |   |
| 1.4          | And and the control of | the agreement of the second  | ger an en mengy right for a kritisk flyddydd y ferflydd i beflydd  | en de la companya de   |  | manda praminin interesse in de deplacemente de proposition de la colonia de la colonia de la companya establica |
| نــــن       | Name                   |  |  |  |  |   |
|              | Number                 | Street   |  |  |  |   |
|              | City                   |  | 310.0  |  |  |   |
| .5           | City                   | September 1, strans and a method self-annual self-annual self-annual quantum self-annual s | tate ZIP Code  | بقد المتداور وورود وورود والتناوي والمساولة وورود والمتالة والمتار والمتارات والمتارات والمتاركة والمتاركة والمتاركة   |  | et mantellikullir kurtsplanksis, etderspelset vert varianspelset vert varianspelset av dynksisk gallstissel g   |
|              | Name                   | ·····  |  |  |  |   |
|              | Number                 | Street   |  |  |  |   |
|              | City                   | 8:   | tate ZIP Code  |  |  |   |

Entered 09/01/17 13:13:25 Desc Main Case 17-26446 Doc 1 Filed 09/01/17 Page 34 of 57 Document Debtor 1 Case number (if known) Additional Page if You Have More Contracts or Leases Person or company with whom you have the contract or lease What the contract or lease is for 2<u>2</u> Name Number Street City State ZIP Code 2.\_ Name Number Street City

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| Fill in th             | nis information to identif                        | y your case:  |   |   |
|------------------------|---|---|---|---|
| Debtor 1               | Timothy   | 7   | DIAKKY  |   |
| Debtor 2               | First Name  | Middle Name   | Last Name   |   |
|                        | filling) First Name                               | Middle Name   | Last Name   |   |
| United St              | tates Bankruptcy Court for the                    | : Northern District of I                              | llinois   |   |
| Case nur               |   |   | <del> </del>                                      |   |
| (ii KisOHis)           |   |   | <del></del>                                       | Check if this is ar amended filing  |
| O€: ~:.                | -1 E 40CH   |   |   | arrended ming   |
|                        | al Form 106H<br>edule H: You                      | r Cadabta   | re  | 40/4P   |
| Codebtor<br>are filing | s are people or entities together, both are equal | who are also liable for su                            | or any debts you may                              | have. Be as complete and accurate as possible. If two married peopl mation. If more space is needed, copy the Additional Page, fill it out,   |
| case num               | ber (if known). Answer                            | every question.                                       | n the Additional Page                             | to this page. On the top of any Additional Pages, write your name an  |
| 1. Do y                | ou have any codebtors?                            | (If you are filing a joir                             | t case, do not list eithe                         | er spouse as a codebtor.)   |
| Ø N                    | ło  |   |   |   |
| ☐ Y                    | 'es   |   |   |   |
|                        |   |   |   | or territory? (Community property states and territories include  |
| -6                     | ma, Camornia, Idano, Loui<br>lo. Go to line 3.    | isiana, Nevada, New I                                 | viexico, Puerto Rico, I                           | exas, Washington, and Wisconsin.)   |
| , ,                    | io. Go to line 3.<br>'es. Did your spouse, form   | ior engues, or logal or                               | udvalant liva with varre                          | at the time?  |
|                        | os. Dia your spouse, torini<br>☐ No               | er spouse, or legar ec                                | julvalent ave with you a                          | it the unite!   |
|                        |   | ty etate or territory dir                             | vou live?   | . Fill in the name and current address of that person.  |
| _                      | = res. in which constigue                         | ty state of territory dic                             | you live;   | . The first the manie and current address of that person.   |
|                        | Name of your spouse, former                       | enques, or legal antivalent                           |   |   |
|                        | waine of your spouse, former                      | spouse, or legal equivalent                           |   |   |
|                        | Number Street                                     |   |   | <del></del>   |
|                        |   |   |   |   |
|                        | City  | State   |   | <sup>2</sup> Code   |
| show<br>Sche<br>Sche   | vn in line 2 again as a co                        | debtor only if that po<br>6D), <i>Schedule E/F</i> (C | erson is a guarantor of<br>efficial Form 106E/F), | a codebtor if your spouse is filing with you. List the person or cosigner. Make sure you have listed the creditor on or Schedule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you owe the debt |
|                        |   |   |   | Check all schedules that apply:   |
| 3.1                    |   |   |   |   |
| Nan                    | ne  |   | ***************************************           | Schedule D, line  |
|                        | 011   | *   |   | Schedule E/F, line  |
| Nun                    | nber Street                                       |   |   | ☐ Schedule G, line  |
| City                   |   | State   | Z   | IP Code   |
| 3.2                    |   |   |   |   |
| Nam                    | ne  |   |   | Schedule D, line  |
| Num                    | nber Street                                       |   |   | Schedule E/F, line  |
|                        |   |   |   | ☐ Schedule G, line  |
| City                   |   | State   | Z   | IP Code   |
| 3.3                    |   |   |   | Schedule D, line  |
| Nam                    | ne  |   |   | Schedule E/F, line  |
| Num                    | nber Street                                       |   |   | Schedule G, line  |
|                        |   |   |   | _ 00.0000 0, 1170   |

State

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Debtor 1

| TIMO       | f* / J        | DIAKLEY   | Case number (if known) |
|------------|---------------|-----------|------------------------|
| First Name | / Middle Name | Last Name |                        |

|              |         | Additional Page to L                     | ist More Codebtors                     |                                       |            |   |                                 |
|--------------|---------|--|--|---------------------------------------|------------|---|---------------------------------|
|              | Colum   | n 1: Your codebtor                       |  |                                       | Со         | lumn 2: The creditor to whom you owe the debt |                                 |
| 3            | 1       |  |  |                                       | CI         | neck all schedules that apply:                |                                 |
| v. <u> </u>  | Name    | 77-711-71-71-71-71-71-71-71-71-71-71-71- |  |                                       |            | Schedule D, line                              |                                 |
|              | IVANIC  |  |  |                                       |            | Schedule E/F, line                            |                                 |
|              | Numbe   | r Street                                 |  |                                       |            | Schedule G, line                              |                                 |
|              | City    |  | State                                  | ZIP Code                              |            |   |                                 |
| 3            |         |  | 0.000                                  | zii code                              |            |   | -                               |
|              | Name    |  |  |                                       |            | Schedule D, line                              |                                 |
|              |         |  |  |                                       |            | Schedule E/F, line                            |                                 |
|              | Numbe   | r Street                                 |  |                                       | - <u>u</u> | Schedule G, line                              | -                               |
|              | City    |  | State                                  | ZIP Code                              | _          |   |                                 |
| 3            |         |  |  |                                       |            | Schedule D, line                              | and the statement of            |
|              | Name    |  |  |                                       |            | Schedule E/F, line                            |                                 |
|              | Number  | Character                                |  | 711-12-1                              |            | Schedule G, line                              |                                 |
|              | Number  | r Street                                 |  |                                       |            | Suredule G, line                              | and the second                  |
| <sub>T</sub> | City    |  | State                                  | ZIP Code                              | _          |   |                                 |
| 3            |         |  |  |                                       | LJ         |   | -                               |
| ,,,-         | Name    |  | · · · · · · · · · · · · · · · · · · ·  | · · · · · · · · · · · · · · · · · · · |            | Schedule D, line                              |                                 |
|              | ******* |  |  |                                       |            | Schedule E/F, line                            |                                 |
|              | Number  | Street                                   |  |                                       | U          | Schedule G, line                              |                                 |
|              | City    |  | State                                  | ZIP Code                              | _          |   | -                               |
| ·            |         |  |  |                                       | _          |   | ١                               |
|              | Name    | · · · · · · · · · · · · · · · · · · ·    | ************************************** |                                       |            | Schedule D, line                              |                                 |
|              |         |  |  |                                       |            | Schedule E/F, line                            |                                 |
|              | Number  | Street                                   |  |                                       |            | Schedule G, line                              |                                 |
| ····         | City    |  | State                                  | ZIP Code                              | ···        |   |                                 |
| -            |         |  |  |                                       | П          | Schedule D, line                              | The first section and the first |
|              | Name    |  |  |                                       |            | Schedule E/F, line                            | diam'r.                         |
|              | Number  | Street                                   |  |                                       |            | Schedule G, line                              |                                 |
|              | Number  | Street                                   |  |                                       | _          | Schedule C, Mile                              |                                 |
| т-           | City    |  | State                                  | ZIP Code                              | -          |   | -                               |
|              |         |  |  |                                       | . 0        | Schedule D, line                              |                                 |
|              | Name    |  |  |                                       |            | Schedule E/F, line                            | -                               |
|              | Number  | Street                                   |  | MARKANIAN                             |            | Schedule G, line                              |                                 |
|              |         |  |  | •                                     |            |   |                                 |
|              | City    |  | State                                  | ZIP Code                              | ·          |   | į                               |
|              | N.C.    | ***************************************  |  |                                       | . 🗖        | Schedule D, line                              | í                               |
|              | Name    |  |  |                                       |            | Schedule E/F, line                            |                                 |
|              | Number  | Street                                   |  |                                       |            | Schedule G, line                              |                                 |
|              |         |  |  |                                       |            |   |                                 |
|              | City    |  | State                                  | ZIP Code                              |            |   |                                 |

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| Fill in this information to identif   | y your case:  |                                       |                       |  |  |
|---|---|---------------------------------------|-----------------------|--|--|
| Debtor 1 Timothy  |   | Blakley                               |                       |  | ·  |
| Debtor 2  | Middle Name   | Last Name                             |                       |  |  |
| (Spouse, if filing) First Name  United States Bankruptcy Court for the  | Middle Name   | Last Name                             |                       |  |  |
| Case number   | . Notaign district of minors  | i                                     |                       | 01 1:74.   |  |
| (If known)  |   | =                                     | <u> </u>              | Check if this is:  An amended filing   |  |
|   |   |                                       |                       | A supplement showing   |  |
| Official Form 106I  | _   |                                       |                       | income as of the follow  | /ing date:   |
| Schedule I: You   | ur Income   |                                       |                       | WIN / DD/ TEIT   | 12/15  |
| Be as complete and accurate as p supplying correct information. If y if you are separated and your spo separate sheet to this form. On the Part 1: Describe Employn | ou are marned and not in use is not filing with you, e top of any additional pa | ing jointly, and the do not include i | your spouse is liv    | ing with you, include infor  | mation about your spouse.  |
| Fill in your employment information.  |   | Debtor 1                              |                       | Dahtar 2 and   |  |
| If you have more than one job,  |   | 505701.1                              |                       | Debtor 2 or n  | on-filing spouse   |
| attach a separate page with<br>information about additional<br>employers.   | Employment status   | Employed Not emplo                    |                       | ☐ Employed ☐ Not emplo   |  |
| Include part-time, seasonal, or<br>self-employed work.  |   |                                       | -: A                  |  | Paradical  |
| Occupation may include student or homemaker, if it applies.   | Occupation  |                                       | 30                    |  |  |
|   | Employer's name   |                                       |                       |  | Manager  |
|   | Employer's address  |                                       |                       |  |  |
|   |   | Number Stree                          | ·t                    | Number Street  |  |
|   |   |                                       |                       |  |  |
|   |   |                                       |                       |  |  |
|   | Univilaria amendan estatu   | City                                  | State ZIP Code        | City   | State ZIP Code   |
|   | How long employed the   | re?                                   | -                     | Northern Control of the Control of t | - Company  |
| Part 2: Give Details About  | Monthly Income  |                                       |                       |  | THE STATE OF THE S |
| Estimate monthly income as of spouse unless you are separated.  |   |                                       |                       |  | _  |
| If you or your non-filing spouse ha<br>below. If you need more space, at  | ve more than one employe<br>tach a separate sheet to the                        | r, combine the inf                    | formation for all emp | ployers for that person on the   | lines  |
|   |   |                                       | For Deb               | otor 1 For Debtor 2 or<br>non-filing spou  | ŧ  |
| <ol><li>List monthly gross wages, sala<br/>deductions). If not paid monthly, or</li></ol>   | ry, and commissions (be<br>calculate what the monthly                           | fore all payroll<br>wage would be.    | 2. <u>\$</u>          | \$   |  |
| 3. Estimate and list monthly overt  | ime pay.  |                                       | 3. +s <u></u>         | + s  |  |
| 4. Calculate gross income. Add lin  | e 2 + line 3.   |                                       | 4. \$ 7               | \$   |  |

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| Det | ntor  | 1 |
|-----|-------|---|
| uei | יוסונ | 1 |

| <u>.</u> + | mothy I     | Dlakler   |  |
|------------|-------------|-----------|--|
| First Name | Middle Name | Last Name |  |

Case number (# known)\_\_\_\_

| THE PERSONNEL IN PART OF THE PERSONNEL AND THE P |                    |                      |               |                                   |                    |
|--|--------------------|----------------------|---------------|-----------------------------------|--------------------|
|  |                    | For                  | r Debtor 1    | For Debtor 2 or non-filing spouse |                    |
| Copy line 4 here   | <b>→</b> 4.        | \$_                  | 0             | \$                                |                    |
| 5. List all payroll deductions:  |                    |                      |               |                                   |                    |
| 5a. Tax, Medicare, and Social Security deductions  | 5a.                | \$_                  | $\alpha$      | <b>s</b>                          |                    |
| 5b. Mandatory contributions for retirement plans   | 5b.                | \$_                  | C             | S                                 |                    |
| 5c. Voluntary contributions for retirement plans   | 5c.                | \$                   | $\mathcal{D}$ | \$                                |                    |
| 5d. Required repayments of retirement fund loans   | 5d.                | -                    | O             | \$                                |                    |
| 5e. Insurance  | 5e.                | \$                   | 0             | \$                                |                    |
| 5f. Domestic support obligations   | 5f.                | \$                   | 0             | \$                                |                    |
| 5g. Union dues   | 5g.                | \$ <u>_</u> 5        | 0 O           | \$                                |                    |
| 5h. Other deductions. Specify:   | 5h.                | +\$                  | Ò             | + s                               |                    |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.   |                    | \$                   | 0             | \$                                |                    |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.   | 7.                 | \$                   | 0             | \$                                |                    |
| 8. List all other income regularly received:   |                    |                      |               |                                   |                    |
| 8a. Net income from rental property and from operating a business, profession, or farm   |                    |                      |               |                                   |                    |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  | 8a.                | \$                   | 0             | \$                                |                    |
| 8b. Interest and dividends   | 8b.                | \$                   | C             | \$                                |                    |
| 8c. Family support payments that you, a non-filing spouse, or a depende<br>regularly receive   | ∍nt                | •                    |               |                                   |                    |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.                | \$                   | 2             | \$                                |                    |
| 8d. Unemployment compensation  | 8d.                | \$                   | 800           | \$                                |                    |
| 8e. Social Security  | 8e.                | \$                   |               | \$                                |                    |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:   |                    | ¢                    | 190           | e                                 |                    |
|  | 8f.                | Ψ                    | -             | <b>a</b>                          |                    |
| 8g. Pension or retirement income   | 8g.                | \$                   |               | \$                                |                    |
| 8h. Other monthly Income. Specify:   | 8h.                | +\$                  | <u> </u>      | +\$                               |                    |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.   | 9.                 | \$                   | 2             | \$                                |                    |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.                | \$_                  | 190           | + s=                              | s 990              |
| 11. State all other regular contributions to the expenses that you list in Sched   |                    |                      |               |                                   |                    |
| Include contributions from an unmarried partner, members of your household, y friends or relatives.  |                    |                      | -             |                                   |                    |
| Do not include any amounts already included in lines 2-10 or amounts that are r  | not av             | ailable              | to pay expens | ses listed in Schedule J.         | <u> </u>           |
| Specify:   | ······             |                      |               |                                   | s                  |
| <ol> <li>Add the amount in the last column of line 10 to the amount in line 11. The         Write that amount on the Summary of Your Assets and Liabilities and Certain St</li> </ol>  | result<br>tatistic | is the c<br>al Infor | ombined mon   | othly income. oplies 12.          | \$ 990<br>Combined |
| 13. Do you expect an increase or decrease within the year after you file this fo   | orm?               |                      |               |                                   | monthly income     |
| Yes. Explain: Twill get A 1d   |                    |                      |               |                                   |                    |

| Fill in this information to identif   | y your case:  |  |  |                                       |
|---|---|--|--|---------------------------------------|
| Debtor 1 First Name   | Middle Name Last Name   | Check if thi   | s is:  |                                       |
| Debtor 2<br>(Spouse, if filing) First Name  | Middie Name Last Name   | An ame   | nded filing                                  |                                       |
| United States Bankruptcy Court for the  | : Northern District of Illinois   |  |  | tpetition chapter 13                  |
| Case number (if known)  |   | MM / DD  | es as of the followin                        | g date:                               |
|   |   |  |  |                                       |
| Official Form 106J  |   |  |  |                                       |
| Schedule J: Yo  | ur Expenses   |  |  | 12/15                                 |
| Be as complete and accurate as p<br>information. If more space is need<br>(if known). Answer every question | oossible. If two married people are fili<br>ded, attach another sheet to this form<br>n.                                | ing together, both are equally re<br>n. On the top of any additional p | sponsible for supply<br>ages, write your nan | ring correct<br>ne and case number    |
| Part 1: Describe Your Ho  | usehold   |  |  |                                       |
| Is this a joint case?   |   |  |  |                                       |
| No. Go to line 2.  Yes. Does Debtor 2 live in a   | separate household?   |  |  |                                       |
| ☐ No  |   |  | •  |                                       |
| Yes. Debtor 2 must fi   | ile Official Form 106J-2, Expenses for S  | Separate Household of Debtor 2.  |  |                                       |
| Do you have dependents?  Do not list Debtor 1 and Debtor 2.   | ☐ No<br>☐ Yes. Fill out this information for  | Dependent's relationship to<br>Debtor 1 or Debtor 2                    | Dependent's<br>age                           | Does dependent live with you?         |
| Do not state the dependents' names.   | each dependent  | - BRANGO MONES   | 71/2/5                                       | □ No<br>□ Yes                         |
|   | Daughter  | Mayantay   | 7JD 13                                       | ☑ No<br>□ Yes                         |
|   | Daughster   | - Tomercopieles  | TJD_8_                                       | E No                                  |
|   | Daughter  | MARGINER   | IB 10  | ☐ Yes<br>☐ No<br>☐ Yes                |
|   | SON   | TIMBER NAVAGE  | TJB  | No Yes                                |
| Do your expenses include expenses of people other than yourself and your dependents?                        | ☑ No<br>☐ Yes   |  |  |                                       |
| Part 2: Estimate Your Ongoi   | ing Monthly Expenses  |  |  |                                       |
| Estimate your expenses as of your expenses as of a date after the ban applicable date.                      | bankruptcy filing date unless you ar<br>akruptcy is filed. If this is a suppleme<br>a-cash government assistance if you | ntal <i>Schedule J</i> , check the box a                               | ent in a Chapter 13 cat the top of the form  | ase to report<br>and fill in the      |
| such assistance and have included   | it on Schedule I: Your Income (Offic  | ial Form 106l.)  | Your exper                                   | eses                                  |
| <ol> <li>The rental or home ownership e<br/>any rent for the ground or lot.</li> </ol>                      | expenses for your residence. Include t  | first mortgage payments and  | 4. \$ 200                                    | )                                     |
| If not included in line 4:  |   |  |  |                                       |
| 4a. Real estate taxes   |   |  | 4a. \$ 0                                     | · · · · · · · · · · · · · · · · · · · |
| 4b. Property, homeowner's, or re  |   |  | 4b. \$ \(\frac{\(\frac{1}{3}\)}{3}\)         |                                       |
| 4c. Home maintenance, repair, a   |   |  | 4c. \$ 0                                     |                                       |
| 4d. Homeowner's association or  | condominium dues  |  | 4d. \$ ()                                    |                                       |

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Debtor 1 Tim Hy Case number (# known)\_\_\_\_\_\_

|     |   |      | Your expenses    |
|-----|---|------|------------------|
| 5   | Additional mortgage payments for your residence, such as home equity loans  | 5,   | s                |
| 6   | . Utilities:  |      |                  |
|     | 6a. Electricity, heat, natural gas  | 6a.  | \$ 5             |
|     | 6b. Water, sewer, garbage collection  | 6b.  | <b>s</b> 0       |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c.  | s <i>§</i> (/)   |
|     | 6d. Other. Specify:   | 6d.  | \$               |
| 7.  | Food and housekeeping supplies  | 7.   | \$ 200           |
| 8.  | Childcare and children's education costs  | 8,   | \$               |
| 9,  | Clothing, laundry, and dry cleaning   | 9.   | \$ 150           |
| 10. | Personal care products and services   | 10.  | \$ 20            |
| 11. | Medical and dental expenses   | 11.  | \$ 0             |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.   | 12.  | s 190            |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books  | 13.  | \$ 40            |
| 14. | Charitable contributions and religious donations  | 14.  | \$ 25            |
| 15. | Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.   |      |                  |
|     | 15a. Life insurance   | 15a. | s ()             |
|     | 15b. Health insurance   | 15b. | s 0              |
|     | 15c. Vehicle insurance  | 15c. | \$ 0             |
|     | 15d. Other insurance. Specify:  | 15d. | sO               |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  | 16,  | \$               |
| 17. | Installment or lease payments:  |      |                  |
|     | 17a. Car payments for Vehicle 1   | 17a, | <b>\$</b> D      |
|     | 17b. Car payments for Vehicle 2   | 17b. | <b>s</b>         |
|     | 17c. Other. Specify:  | 17c. | sO               |
|     | 17d. Other. Specify:  | 17d. | \$ <u> </u>      |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18.  | s <b>&amp;</b> O |
| 19. | Other payments you make to support others who do not live with you.   |      |                  |
|     | Specify:  | 19,  | \$Ó              |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom   | e.   |                  |
|     | 20a. Mortgages on other property  | 20a. | sC               |
|     | 20b. Real estate taxes  | 20b. | \$ 0             |
|     | 20c. Property, homeowner's, or renter's insurance   | 20c. | \$ 0             |
|     | 20d. Maintenance, repair, and upkeep expenses   | 20d. | \$               |
|     | 20e. Homeowner's association or condominium dues  | 20e. | \$               |

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|  |   | 21. <b>+</b> \$ |
|--|---|-----------------|
| . Calculate your monthly expe  | nses.   |                 |
| 22a. Add lines 4 through 21.   |   | 22a. \$ 610     |
| 22b. Copy line 22 (monthly exp   | enses for Debtor 2), if any, from Official Form 106J-2  | 22b. \$ O       |
| 22c. Add line 22a and 22b. The   | result is your monthly expenses.  | 22c. \$ 6/ D    |
| 3. Calculate your monthly net in   | come.   |                 |
| 23a. Copy line 12 (your combination of the combinat | ned monthly income) from Schedule I.  | 23a. \$ 800     |
| 23b. Copy your monthly expen   | ses from line 22c above.  | 23b\$ 6/0       |
|  | enses from your monthly income.   |                 |
| The result is your monthly   | net income.   | 23c. \$ 190     |
| For example, do you expect to fi mortgage payment to increase of No.   | decrease in your expenses within the year after you file this hish paying for your car loan within the year or do you expect your decrease because of a modification to the terms of your mortg | our<br>age?     |

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| Debtor 1 First Name  Debtor 2 (Spouse, if filing) First Name  United States Bankruptcy Court for the:  Case number (If known)  Official Form 106J-2 | Middle Name Last Name  Middle Name Last Name  Northern District of Illinois   | expense  | ended f<br>ement<br>es as c | showing posing the following |  |
|---|---|--|-----------------------------|------------------------------|--|
| Use this form for Debtor 2's separ<br>Debtor 2 have one or more depend<br>only with respect to expenses for   | Expenses for Sepa ate household expenses ONLY IF Didents in common, list the dependent Debtor 2 that are not reported on Soils form. On the top of any additional usehold | ebtor 1 and Debtor 2 maintain se<br>ts on both Schedule J and this fo<br>chedule J. Be as complete and a | eparate                     | households.<br>Answer the qu | If Debtor 1 and sestions on this form  |
| Do you and Debtor 1 maintain set     No. Do not complete this fo     Yes  |   |  |                             |                              |  |
| 2. Do you have dependents?  Do not list Debtor 1 but list all   | ☐ No<br>☐ Yes. Fill out this information for  | Dependent's relationship to Debtor 2:  |                             | Dependent's<br>age           | Does dependent live with you?  |
| other dependents of Debtor 2 regardless of whether listed as a dependent of Debtor 1 on Schedule J.   | each dependent  |  |                             |                              | ☐ No<br>☐ Yes  |
| Do not state the dependents' names.   |   |  | -                           |                              | No Yes No Yes  |
|   |   |  |                             |                              | ☐ No<br>☐ Yes<br>☐ No  |
| . Do your expenses include expenses of people other than yourself, your dependents, and Debtor 1?   | ☐ No<br>☐ Yes   |  |                             |                              | Yes  |
| expenses as of a date after the ban   | ng Monthly Expenses<br>bankruptcy filing date unless you a<br>kruptcy is filed.   | re using this form as a suppleme   | ent in a                    | Chapter 13 ca                | ase to report  |
| such assistance and have included   | cash government assistance if you it on Schedule I: Your Income (Office   | cial Form 106l.)   |                             | Your expen                   | ses  |
| <ol> <li>The rental or home ownership examples any rent for the ground or lot.</li> </ol>   | kpenses for your residence. Include   | first mortgage payments and  | 4.                          | \$                           |  |
| If not included in line 4; 4a. Real estate taxes  |   |  |                             | •                            |  |
| 4b. Property, homeowner's, or re  | nter's insurance  |  | 4a.                         |                              | to the second se |
| 4c. Home maintenance, repair, a   |   |  | 4b.<br>4c.                  | _                            | To the state of th |
| 4d. Homeowner's association or  |   |  | 46.<br>4d.                  |                              |  |

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Debtor 1 : Throthy Thiddle Name Last Name Case number (# known)\_\_\_\_\_\_

|     |   |             | Your expenses |
|-----|---|-------------|---------------|
| 5   | Additional mortgage payments for your residence, such as home equity loans  | 5.          | \$            |
| 6   | . Utilities:  |             |               |
|     | 6a. Electricity, heat, natural gas  | 6а.         | \$            |
|     | 6b. Water, sewer, garbage collection  | 6b.         | \$            |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c.         | \$            |
|     | 6d. Other. Specify:   | 6d.         | \$            |
| 7.  | Food and housekeeping supplies  | 7.          | \$            |
| 8.  | Childcare and children's education costs  | 8.          | \$            |
| 9.  | Clothing, laundry, and dry cleaning   | 9.          | \$            |
| 10. | Personal care products and services   | 10.         | \$            |
| 11. | Medical and dental expenses   | 11.         | \$            |
| 12. | Transportation. Include gas, maintenance, bus or train fare.  Do not include car payments.  | 12.         | \$            |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books  | 13.         | \$            |
| 14. | Charitable contributions and religious donations  | 14.         | \$            |
| 15. | Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.   |             |               |
|     | 15a. Life insurance   | 15a.        | \$            |
|     | 15b. Health insurance   | 15b.        | \$            |
|     | 15c. Vehicle insurance  | 15c.        | \$            |
|     | 15d. Other insurance. Specify:  | 15d.        | \$            |
| 6.  | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  | 16.         | \$            |
| 7.  | Installment or lease payments:  |             |               |
|     | 17a. Car payments for Vehicle 1   | 17a,        | \$            |
|     | 17b. Car payments for Vehicle 2   | 17b.        | \$            |
|     | 17c. Other. Specify:  | 17c.        | \$            |
|     | 17d. Other. Specify:  | 17d.        | \$            |
| 8.  | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 1061). | 18.         | \$            |
| 9.  | Other payments you make to support others who do not live with you.   |             | Ψ             |
|     | Specify:  | 19.         | \$            |
|     | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income  |             | \$            |
|     | 20a. Mortgages on other property  |             | \$            |
|     | 20b. Real estate taxes  | 20a.        |               |
|     | 20c. Property, homeowner's, or renter's insurance   | 20b.        | \$s           |
|     | 20d. Maintenance, repair, and upkeep expenses   | 20c.        | \$<br>\$      |
|     | 20e. Homeowner's association or condominium dues  | 20d.<br>20e | \$            |

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| Debtor 1        | First Name Middle Name Last Name   | umber (# known), |     | -  |
|-----------------|--|------------------|-----|----|
| 21. Other. Sp   | pecify:  |                  | 21. |    |
| The resul       | nthly expenses. Add lines 5 through 21.  It is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedule J to calcenses for Debtor 1 and Debtor 2.               |                  | 22. | \$ |
| 23. Line not us | sed on this form.  |                  |     |    |
|                 |  |                  |     |    |
| 24. Do you ex   | spect an increase or decrease in your expenses within the year after you file this   | form?            |     |    |
|                 | ole, do you expect to finish paying for your car loan within the year or do you expect you payment to increase or decrease because of a modification to the terms of your mortga |                  |     |    |
| ☐ No.<br>☐ Yes. | Explain here:  |                  |     |    |

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| Debtor 1 Jim Day Blackley First Name Middle Name Last Name  Debtor 2 (Spouse, if filing) First Name Middle Name Last Name  United States Bankruptcy Court for the: Northern District of Illinois  Case number (If known) | Fill in this in           | formation to identif     | ly your case: |             |
|--|---------------------------|--------------------------|---------------|-------------|
| Debtor 2 (Spouse, if filing) First Name Middle Name Lest Name  United States Bankruptcy Court for the: Northern District of Illinois  Case number  | Debtor 1                  | ·                        | Middle Name   | Biskly      |
| United States Bankruptcy Court for the: Northern District of Illinois  Case number   |                           | First Name               |               |             |
| Case number  | United States B           | 3ankruptcy Court for the |               |             |
|  | Case number<br>(If known) |                          | W11-0-1       | <del></del> |
| □ Chec   |                           |                          |               |             |

Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| No.  |   |
|--|---|
| Yes. Name of person  | . Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|  |   |
|  |   |
| ler penalty of perjury, I declare that I h<br>they are true and correct.                                 | nave read the summary and schedules filed with this declaration and                             |
| der penalty of perjury, I declare that I he they are true and correct.  Junety Blelly hature of Debtor 1 | nave read the summary and schedules filed with this declaration and                             |

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|  | Document   | 1 age 40 01 31           |  |
|--|--|--------------------------|--|
| Fill in this information to identify   |  |                          |  |
| Fill in this information to identify your case:  | 4 1 1 1  |                          |  |
| Debtor 1 First Name Middle Name  | Last Name  | <del>y</del>             |  |
| Debtor 2   |  |                          |  |
| (Spouse, if filing) First Name Middle Name  United States Bankruptcy Court for the: Northern District of   | Last Name  |                          |  |
|  | minois   |                          |  |
| Case number<br>(If known)  |  |                          | ☐ Check if this is an  |
| and the second s |  |                          | amended filing   |
|  |  |                          |  |
| Official Form 107  |  |                          |  |
| Statement of Financial Affai   | rs for Indiv   | viduals Filing for Bankr | unter ou   |
| e as complete and accurate as possible. If two mar   |  |                          |  |
| Part 1: Give Details About Your Marital Status?  1. What is your current marital status?  Married  Not married  During the last 3 years, have you lived anywhere  Yes. List all of the places you lived in the last 3 years.  Debtor 1:  | other than where y   | ou live now?             | Dates Debtor 2   |
|  | iivea there  |                          | lived there  |
|  |  | Same as Debtor 1         | Same as Debtor 1   |
| Number Street N. Mucking bird (N   | From <u>2011</u>   |                          | From   |
| Number Street /  | To <u>2016</u>   | Number Street            | То   |
| W. San   |  |                          |  |
| City State ZIP Code  | -  | City                     |  |
| **************************************   | Historian design deligner deli | City State ZIP Cod       | Companies to the second |
|  |  | Game as Debtor 1         | Same as Debtor 1   |
| Number Street  | From   | Number Street            | From   |
|  | To   |                          | То   |

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

City

State

ZIP Code

Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

State ZIP Code

Part 22 Explain the Sources of Your Income

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| First Name Middle Name Lai   | /  |  |   |   |
|--|--|--|---|---|
| Did you have any income from employme Fill in the total amount of income you receive If you are filing a joint case and you have inc No Yes. Fill in the details.  | ed from all jobs and all bus   | inesses, including part-t  | ime activities  | endar years?  |
|  | Debtor 1   |  | Debtor 2  |   |
|  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)  | Sources of income<br>Check all that apply.  | Gross Income<br>(before deductions and<br>exclusions)   |
| From January 1 of current year until the date you filed for bankruptcy:  | Wages, commissions, bonuses, tips  Operating a business  | \$ 400   | ☐ Wages, commissions, bonuses, tips☐ Operating a business   | \$  |
| For last calendar year: (January 1 to December 31, 2016  | Wages, commissions, bonuses, tips  Operating a business  | <u>\$ 14.600</u>   | Wages, commissions, bonuses, tips Operating a business  | \$  |
| For the calendar year before that: (January 1 to December 31, 2015)  | ☐ Wages, commissions, bonuses, tips ☐ Operating a business   | s 0  | ☐ Wages, commissions, bonuses, tips   | **************************************  |
| id you receive any other income during the clude income regardless of whether that incomendation incoment, and other public benefit payment and lottery winnings. If you are filing  | his year or the two previous<br>come is taxable. Examples<br>nents; pensions; rental inco<br>g a joint case and you have   | of other income are alim<br>ome; interest; dividends;<br>income that you receive   | money collected from laws<br>ed together, list it only once   | rite: royaltion: and  |
| id you receive any other income during the clude income regardless of whether that income public benefit paymembling and lottery winnings. If you are filing at each source and the gross income from each source and the gros | his year or the two previous<br>come is taxable. Examples<br>nents; pensions; rental inco<br>g a joint case and you have   | of other income are alim<br>ome; interest; dividends;<br>income that you receive   | nony; child support; Social S<br>money collected from laws<br>and together, list it only once   | rite: royaltion; and  |
| id you receive any other income during the clude income regardless of whether that incomendation in the modern and other public benefit payment ambling and lottery winnings. If you are filing at each source and the gross income from each source and the gross i | his year or the two previous<br>come is taxable. Examples<br>nents; pensions; rental inco<br>g a joint case and you have   | of other income are alim<br>ome; interest; dividends;<br>income that you receive   | nony; child support; Social S<br>money collected from laws<br>and together, list it only once   | rite: royaltion: and  |
| d you receive any other income during the clude income regardless of whether that income ployment, and other public benefit payment and lottery winnings. If you are filing the each source and the gross income from e  | his year or the two previous come is taxable. Examples nents; pensions; rental incog a joint case and you have each source separately. Do  | of other income are alim<br>ome; interest; dividends;<br>income that you receive   | nony; child support; Social S<br>money collected from laws<br>ed together, list it only once<br>you listed in line 4.   | rite: royaltion: and  |
| d you receive any other income during the lude income regardless of whether that income public benefit payment, and other public benefit paymenthing and lottery winnings. If you are filing teach source and the gross income from e No Yes. Fill in the details.   | his year or the two previous previous is taxable. Examples thents; pensions; rental incognation of the previous | of other income are alime; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)    | nony; child support; Social S<br>money collected from laws<br>ed together, list it only once<br>you listed in line 4.  Debtor 2  Sources of income Describe below.    | uits; royalties; and under Debtor 1.  Gross income from each source (before deductions and exclusions)  |
| d you receive any other income during the stude income regardless of whether that income public benefit payment, and other public benefit paymenthing and lottery winnings. If you are filing teach source and the gross income from e No Yes. Fill in the details.  | his year or the two previous come is taxable. Examples nents; pensions; rental incog a joint case and you have each source separately. Do Debtor:  Sources of income Describe below.   | of other income are alime; interest; dividends; income that you receive a not include income that  Gross income from each source (before deductions and exclusions)  | nony; child support; Social S<br>money collected from lawsted<br>together, list it only once<br>you listed in line 4.  Debtor 2  Sources of income<br>Describe below. | Gross income from each source (before deductions)  \$\[ \] \$\[ \] \$\] \$\[ \] \$\[ \] \$\[ \] \$\[ \] |
| d you receive any other income during the clude income regardless of whether that income properties and other public benefit payment, and other public benefit paymenthing and lottery winnings. If you are filing the each source and the gross income from ending the No Yes. Fill in the details.   | his year or the two previous come is taxable. Examples thents; pensions; rental incognation of the provided of | of other income are alime; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)    | nony; child support; Social S<br>money collected from lawsied together, list it only once<br>you listed in line 4.  Debtor 2:  Sources of income Describe below.      | Gross Income from each source (before deductions and exclusions)  |
| d you receive any other income during the clude income regardless of whether that incomposed income regardless income from each source and the gross income from ea | his year or the two previous come is taxable. Examples nents; pensions; rental incogra joint case and you have each source separately. Do Debtor 1  Sources of income Describe below.  | of other income are alime; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)    | nony; child support; Social S<br>money collected from laws<br>ed together, list it only once<br>you listed in line 4.  Debtor 2  Sources of income Describe below.    | Gross income from each source (before deductions and exclusions)  \$                                    |
| d you receive any other income during the clude income regardless of whether that income public benefit payment, and other public benefit paymentling and lottery winnings. If you are filing the each source and the gross income from ending the the gros | his year or the two previous come is taxable. Examples thents; pensions; rental income a joint case and you have each source separately. Do Debtor 1  Sources of income Describe below.  | of other income are alime; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)    | nony; child support; Social S<br>money collected from lawsied together, list it only once<br>you listed in line 4.  Debtor 2:  Sources of income Describe below.      | Gross income from each source (before deductions and exclusions)  \$                                    |
| id you receive any other income during the clude income regardless of whether that income public benefit payments and other public benefit payments and lottery winnings. If you are filing at each source and the gross income from each source and the gross incom | his year or the two previous come is taxable. Examples nents; pensions; rental incogra joint case and you have each source separately. Do Debtor 7  Sources of income Describe below.  | of other income are alime; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)    | nony; child support; Social S<br>money collected from laws<br>ed together, list it only once<br>you listed in line 4.  Debtor 2  Sources of income Describe below.    | Gross income from each source (before deductions and exclusions)  \$                                    |
| id you receive any other income during the clude income regardless of whether that income public benefit paymembling and lottery winnings. If you are filing st each source and the gross income from el. No.  Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:   | his year or the two previous come is taxable. Examples tents; pensions; rental incognation justices and you have each source separately. Do Debtor:    Debtor:   Sources of income Describe below.   | of other income are alimer; interest; dividends; income that you receive a not include income that  Gross income from each source (before deductions and exclusions) | nony; child support; Social S<br>money collected from laws;<br>ed together, list it only once<br>you listed in line 4.  Debtor:2  Sources of income Describe below.   | Gross income from each source (before deductions and exclusions)  \$                                    |

|             |  | ocument                           |   | 57   | Desc Main                      |
|-------------|--|-----------------------------------|---|--|--------------------------------|
| Debior 1    | First Name Middle Name Last Name   | <b>,</b>                          | Cas   | e number (#known)                                  |                                |
| Part 3:     | List Certain Payments You Made Befo  | ore You File                      | d for Bankruptcy                                    |  |                                |
| 6. Are eith | ner Debtor 1's or Debtor 2's debts primarily (   | Consumer de                       | hte?  |  |                                |
|             | Neither Debtor 1 nor Debtor 2 has primarily<br>"incurred by an individual primarily for a person                       | / Consumer d                      | lehts. Consumer debte :                             | are defined in 11 U.S.C. § 10                      | 01(8) as                       |
|             | During the 90 days before you filed for bankru   |                                   |   | of \$6,425* or more?                               |                                |
|             | No. Go to line 7.  |                                   |   |  |                                |
|             | Yes. List below each creditor to whom you total amount you paid that creditor. D child support and alimony. Also, do n | o not include  <br>ot include pay | payments for domestic s<br>ments to an attorney for | support obligations, such as this bankruptcy case. |                                |
|             | * Subject to adjustment on 4/01/19 and every   | 3 years after t                   | hat for cases filed on or                           | after the date of adjustment.                      |                                |
| 🛂 Yes.      | . Debtor 1 or Debtor 2 or both have primarily  |                                   |   |  |                                |
|             | During the 90 days before you filed for bankrui  | ptcy, did you p                   | pay any creditor a total o                          | f \$600 or more?                                   |                                |
|             | No. Go to line 7.  |                                   | •   |  |                                |
|             | Yes. List below each creditor to whom you creditor. Do not include payments for alimony. Also, do not include paymen   | domestic suni                     | nort obligations, such as                           | child support and                                  | Was this payment for           |
|             | •  | payment                           | ·   | ,,   | ***** tills payment lot        |
|             | BONDAL STATE TIL   |                                   | \$  | \$   | П.,                            |
|             | Creditor's Name /  |                                   |   |  | ☐ Mortgage<br>☐ Car            |
|             | Number Street  |                                   |   |  |                                |
|             |  |                                   |   |  | Credit card                    |
|             |  |                                   |   |  | Loan repayment                 |
|             | City State ZIP Code  |                                   |   |  | ☐ Suppliers or vendors ☐ Other |
|             | State 21F Code   |                                   |   |  | □ Otner                        |
|             |  |                                   | \$  | \$   |                                |
|             | Creditor's Name  |                                   |   |  | Mortgage                       |
|             | Number Street  |                                   |   |  | Car                            |
|             | THE SHOOL SHOOL  |                                   |   |  | Credit card                    |
|             |  |                                   |   |  | Loan repayment                 |

City

City

Creditor's Name

Number Street

State

State

ZIP Code

ZIP Code

☐ Suppliers or vendors

Other\_\_\_

☐ Mortgage

Credit card Loan repayment ☐ Suppliers or vendors Other\_\_\_\_

☐ Car

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TIMARY J

Debtor 1

| ithin 1 year before you filed for bankruptcy, did siders include your relatives; any general partners; rporations of which you are an officer, director, penent, including one for a business you operate as a ch as child support and alimony. | relatives of any<br>son in control, o  | general partners;<br>or owner of 20% or | partnerships of whi<br>more of their votin | ch you are a general partner;  |
|---|--|---|--|--|
| 1 No  |  |   |  |  |
| Yes. List all payments to an insider.   |  |   |  |  |
|   | Dates of payment                       | Total amount paid                       | Amount you still owe                       | Reason for this payment  |
| insider's Name  |  | \$                                      | _ \$                                       |  |
| Number Street   |  |   |  |  |
| City State ZIP Code   | -                                      |   |  |  |
|   | ······································ | \$                                      | <b>\$</b>                                  |  |
| Insider's Name  |  |   |  |  |
| Number Street   | -                                      |   |  |  |
|   |  |   |  |  |
| City State ZIP Code   |  |   |  |  |
| thin 1 year before you filed for bankruptcy, did yo   |  | ayments or trans                        | fer any property o                         | n account of a debt that benefited   |
| thin 1 year before you filed for bankruptcy, did yo<br>insider?<br>clude payments on debts guaranteed or cosigned by<br>No  |  | ayments or trans                        | fer any property o                         | n account of a debt that benefited   |
| City State ZIP Code  thin 1 year before you filed for bankruptcy, did you insider? Clude payments on debts guaranteed or cosigned by  No  Yes. List all payments that benefited an insider.   | an insider.                            |   | fer any property o                         | n account of a debt that benefited   |
| thin 1 year before you filed for bankruptcy, did yo<br>insider?<br>clude payments on debts guaranteed or cosigned by<br>No  |  | ayments or trans                        | fer any property o  Amount you still owe   | n account of a debt that benefited  Reason for this payment  Include creditor's name |
| thin 1 year before you filed for bankruptcy, did yo<br>insider?<br>clude payments on debts guaranteed or cosigned by  | an insider.  Dates of                  | Total amount                            | Amount you still                           | Reason for this payment  |
| thin 1 year before you filed for bankruptcy, did you insider? Clude payments on debts guaranteed or cosigned by No Yes. List all payments that benefited an insider.  | an insider.  Dates of                  | Total amount<br>paid                    | Amount you still owe                       | Reason for this payment  |
| thin 1 year before you filed for bankruptcy, did you insider? Clude payments on debts guaranteed or cosigned by No Yes. List all payments that benefited an insider.  | an insider.  Dates of                  | Total amount<br>paid                    | Amount you still owe                       | Reason for this payment  |
| thin 1 year before you filed for bankruptcy, did you insider? clude payments on debts guaranteed or cosigned by No  Yes. List all payments that benefited an insider.  Insider's Name  Number Street  | an insider.  Dates of                  | Total amount<br>paid                    | Amount you still owe                       | Reason for this payment  |
| thin 1 year before you filed for bankruptcy, did you insider? Clude payments on debts guaranteed or cosigned by  No Yes. List all payments that benefited an insider.  Insider's Name  Number Street  City State ZIP Code                       | an insider.  Dates of                  | Total amount paid                       | Amount you still owe                       | Reason for this payment  |
| thin 1 year before you filed for bankruptcy, did you insider? Clude payments on debts guaranteed or cosigned by  No Yes. List all payments that benefited an insider.  Insider's Name  Number Street  City State ZIP Code                       | an insider.  Dates of                  | Total amount paid                       | Amount you still owe                       | Reason for this payment  |

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| First Name Middle Name  | Last Name                       |  | Case number (if known)_                              |  |                                  |
|---|---------------------------------|--|--|--|----------------------------------|
| ort 4: Identify Legal Action  | s. Repossessions. 2             | and Foreclosures   |  |  |                                  |
| Within 1 year before you filed for<br>List all such matters, including per<br>and contract disputes.          | or bankruptcy, were yo          | u a party in any lawsuit, c  | ourt action, or admini<br>collection suits, paternit | strative proceed<br>y actions, suppor  | ling?<br>rt or custody modificat |
| No No   |                                 |  |  |  |                                  |
| Yes. Fill in the details.   |                                 |  |  |  |                                  |
|   | Nature of t                     | he case C  | Court or agency                                      |  | Status of the case               |
| Case title  |                                 | Co   | urt Name   |  | — Pending                        |
|   |                                 |  |  |  | On appeal                        |
| 0   |                                 | Nu   | mber Street  |  | Concluded                        |
| Case number   |                                 | City   | y State  | ZIP Code   |                                  |
| Case title  |                                 |  |  | The Advances of the Control of the C | — 🔲 Pending                      |
|   |                                 | Cou  | art Name   |  | On appeal                        |
| \$4000 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1  |                                 | Nür  | mber Street  |  | Concluded                        |
| Case number   |                                 | City   | State  | ZIP Code   | <b></b>                          |
| No. Go to line 11   | fetails below.                  |  |  |  |                                  |
| No. Go to line 11. Yes. Fill in the information belo  | w.                              | Describe the property  |  | Date   | Value of the property            |
| Yes. Fill in the information belo   | w.                              | Describe the property  |  | Date   6/0//0 7  | Value of the property            |
| Yes. Fill in the information belo  SANFALLY Con   | w.<br>Svar VSA                  |  |  |  |                                  |
| Yes. Fill in the information belo  SANFALLY Con  Creditor's Name  | w.<br>Svar VSA                  | C.A.r  |  |  |                                  |
| Yes. Fill in the information belo  SANAULT CON  Creditor's Name  Number Street                                | w.<br>18 <i>var VSA</i>  <br>E  | ixplain what happened Property was repossessi Property was foreclosed  | ed.  |  |                                  |
| Yes. Fill in the information belo  SANAMU Con  Creditor's Name  Number Street  DAllas 7                       | w.<br>18 <i>var VSA</i>  <br>E  | ixplain what happened Property was repossessi Property was foreclosed Property was garnished.  | ed.  |  |                                  |
| Yes. Fill in the information belo  SANFALLY CON Creditor's Name  Number Street  DAllas 7                      | W.  SUMY USA  E  State ZIP Code | ixplain what happened Property was repossessi Property was foreclosed  | ed.  |  | \$ 20,000                        |
| Yes. Fill in the information belo  SANAULY CON Creditor's Name  Number Street  Alla S  City                   | W.  SUMY USA  E  State ZIP Code | Explain what happened  Property was repossessi Property was foreclosed Property was garnished. Property was attached, s  | ed.  | 6/01/0 7   | \$ 20,000                        |
| Yes. Fill in the information belo  SANAMU Con  Creditor's Name  Number Street  DAllas 7                       | W.  SUMY USA  E  State ZIP Code | Explain what happened  Property was repossessi Property was foreclosed Property was garnished. Property was attached, s  | ed.  | 6/01/0 7   | \$ 20,000                        |
| Yes. Fill in the information belo  SANARULY CON Creditor's Name  Number Street  Alla S City                   | W.  State ZIP Code  D           | Explain what happened  Property was repossessi Property was foreclosed Property was garnished. Property was attached, s  | ed.  | 6/01/0 7   | \$ 20,000                        |
| Yes. Fill in the information belo  SANAMU CON Creditor's Name  Number Street  City S                          | W.  State ZIP Code  D           | ixplain what happened  Property was repossess Property was foreclosed Property was garnished. Property was attached, sescribe the property   | ed.<br>seized, or levied.                            | 6/01/0 7   | \$ 20,000                        |
| Yes. Fill in the information belo  SANAMU CON Creditor's Name  Number Street  City S                          | W.  State ZIP Code  D           | ixplain what happened Property was repossessing Property was foreclosed Property was attached, sescribe the property  xplain what happened Property was repossessed Property was foreclosed. | ed. seized, or levied.                               | 6/01/0 7   |                                  |
| Yes. Fill in the information beloe  SAWARA Con Creditor's Name  Number Street  Creditor's Name  Number Street | W.  State ZIP Code  D           | ixplain what happened  Property was repossess Property was garnished. Property was attached, s escribe the property  xplain what happened Property was repossesse                            | ed seized, or levied.                                | 6/01/0 7   | \$ 20,000                        |

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| counts or refuse to make a payment be  | uptcy, did any creditor, including a bank or finan<br>ecause you owed a debt? | cial institution, set off any a  | mounts from you    |
|--|---|--|--------------------|
| Yes. Fill in the details.  |   |  |                    |
|  | Describe the action the creditor took   | Date action  | Amount             |
| Creditor's Name  |   | was taken  |                    |
| Number Street  |   |  | \$                 |
| ·<br>  |   |  | 7 200000           |
|  |   | We will change a second |                    |
| City State ZIP Code  | Last 4 digits of account number: XXXX   |  |                    |
| in 1 year before you filed for bankrup   | tcy, was any of your property in the possession                               | of an assignee for the benef   | it of              |
| attors, a court-appointed receiver, a cu   | istodian, or another official?  | or an acciding for the pariet  |                    |
| No   |   |  |                    |
| Yes  |   |  |                    |
| List Certain Gifts and Contribu  | itions  |  |                    |
|  |   |  |                    |
| in 2 years before you filed for bankrun  | otcy, did you give any gifts with a total value of m                          |  |                    |
| the participation of building up   | orcy, and you give any gifts with a total value of m                          | ore than \$600 per person?   |                    |
| νία  |   |  |                    |
|  |   |  |                    |
|  |   |  |                    |
| es. Fill in the details for each gift.  Gifts with a total value of more than \$600  | Describe the gifts  | Dates vou gave   | Value              |
| es. Fill in the details for each gift.   | Describe the gifts  | Dates you gave<br>the gifts  | Value              |
| es. Fill in the details for each gift.  Gifts with a total value of more than \$600  | Describe the gifts  |  | Value              |
| es. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person   | Describe the gifts  |  | Value \$           |
| es. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person   | Describe the gifts  |  | Value<br>\$        |
| es. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person   | Describe the gifts  |  | Value \$\$         |
| es. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  erson to Whom You Gave the Gift  | Describe the gifts  |  | Value<br>\$\$      |
| es. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  erson to Whom You Gave the Gift  | Describe the gifts  |  | Value<br>\$\$      |
| es. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  erson to Whom You Gave the Gift  umber Street  | Describe the gifts  |  | Value \$\$         |
| res. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  erson to Whom You Gave the Gift  umber Street  ty State ZIP Code  | Describe the gifts  |  | Value<br>\$<br>\$  |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  erson to Whom You Gave the Gift  umber Street  ty State ZIP Code  | Describe the gifts  |  | Value \$\$         |
| Gifts with a total value of more than \$600 per person  erson to Whom You Gave the Gift  umber Street  ty State ZIP Code   |   |  | Value \$           |
| res. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  erson to Whom You Gave the Gift  umber Street  Y State ZIP Code  erson's relationship to you  fts with a total value of more than \$600   | Describe the gifts  | Dates you gave   | Value  \$ \$ Value |
| res. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  erson to Whom You Gave the Gift  umber Street  Y State ZIP Code  erson's relationship to you  fts with a total value of more than \$600   |   | Dates you gave   | \$\$               |
| res. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  erson to Whom You Gave the Gift  umber Street  Y State ZIP Code  erson's relationship to you  fts with a total value of more than \$600 or person                                       | Describe the gifts  | Dates you gave   | \$\$               |
| res. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  erson to Whom You Gave the Gift  with a Street  State ZIP Code  erson's relationship to you  fts with a total value of more than \$600 per person                                       | Describe the gifts  | Dates you gave   | \$\$               |
| res. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  erson to Whom You Gave the Gift  with a Street  State ZIP Code  erson's relationship to you  fts with a total value of more than \$600 per person                                       | Describe the gifts  | Dates you gave   | \$\$               |
| Gifts with a total value of more than \$600 per person  erson to Whom You Gave the Gift  with a State ZIP Code erson's relationship to you  lifts with a total value of more than \$600 per person   | Describe the gifts  | Dates you gave   | \$\$               |
| Gifts with a total value of more than \$600 per person  erson to Whom You Gave the Gift  with a total value of more than \$600 per person's relationship to you  lifts with a total value of more than \$600 per person  rson to Whom You Gave the Gift                                  | Describe the gifts  | Dates you gave   | \$\$               |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Lumber Street  State ZIP Code  Person's relationship to you  Sifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift | Describe the gifts  | Dates you gave   | \$\$               |
| Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Slifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  | Describe the gifts  | Dates you gave   | \$\$  Value        |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  State ZIP Code  Person's relationship to you  Sifts with a total value of more than \$600 per person  erson to Whom You Gave the Gift  | Describe the gifts  | Dates you gave   | \$\$               |

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| First Name Middle Name   | DAKKY  | Case number (if known)   |  |                     |
|--|--|--|--|---------------------|
| portunite portunite  | Last Name  |  |  |                     |
|  |  |  |  |                     |
| ithin 2 years before you filed for bar   | ikruptcy, did you give any gifts   | or contributions with a total val  | lue of more than \$  | 600 to any charity? |
| No<br>Yes. Fill in the details for each gift or  | contribution   |  |  |                     |
| Too. This is the details for each gift of  | CONTIDUCTOR.   | ng garger en ekster er e.  | ÷.   |                     |
| Gifts or contributions to charities that total more than \$600   | Describe what you contribu   | ited   | Date you contributed   | Value               |
|  | terbin also also construente anticolorista de la construente del la construente del la construente de la construente de la construente de la construente del la construente de |  | 7  |                     |
|  |  |  | erenana-jejeje   | •                   |
| Charity's Name   |  |  |  | \$                  |
| TANNAN   | <u> </u>   |  |  | \$ .                |
|  |  |  | 78000  |                     |
| Number Street  |  |  | of the second se |                     |
|  |  |  |  |                     |
| City State ZIP Code  |  |  |  |                     |
|  |  | The second secon | -!   |                     |
| 3 1t-4 0 - 4 - 1 - 1   |  |  |  |                     |
| List Certain Losses  |  |  |  |                     |
| Yes. Fill in the details.  |  |  |  |                     |
| Describe the property you lost and   | Describe any insurance cov   | erage for the loss   | Date of your   | Value of property   |
| how the loss occurred  | Include the amount that insura   | ance has paid. List pending insurance  | loss   | lost                |
| and the control of th | claims on line 33 of Schedule  | мь. Ргорепу.   | •  |                     |
| Clothes, Shoes   |  |  | 2/1/17   | \$ 1550n            |
|  |  |  | ,  | v                   |
| List Certain Payments or Ti  |  |  |  |                     |
|  |  |  |  |                     |
| hin 1 year before you filed for bankr<br>consulted about seeking bankrupt  | uptcy, did you or anyone else a  | acting on your behalf pay or tran  | sfer any property  | to anyone           |
| ude any attorneys, bankruptcy petition   | preparers, or credit counseling a  | gencies for services required in yo  | our bankruptcy.  |                     |
| No .   |  |  |  | •                   |
| Yes. Fill in the details.  |  |  |  |                     |
|  | Description and value of any   | property transferred   | Date payment or  | Amount of paymen    |
| Person Who Was Paid  | Annual Company of the |  | transfer was   |                     |
|  |  |  |  |                     |
| Number Street  |  |  |  | \$                  |
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| The state of the s |  |  | <del></del>  | \$                  |
| City State ZIP Code  |  |  |  |                     |
| Email or website address   |  | The state of the s |  |                     |
|  | -  | Typestale  |  |                     |
| Person Who Made the Payment, if Not You  | 1  |  |  |                     |

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Debtor 1 Case number (if known), Description and value of any property transferred Date payment or Amount of transfer was made payment Person Who Was Paid Number Street ZIP Code Email or website address Person Who Made the Payment, if Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. XX No Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was made Person Who Was Paid Number Street ZIP Code 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. ï No Yes. Fill in the details. Description and value of property Describe any property or payments received Date transfer transferred or debts paid in exchange was made Person Who Received Transfer Number Street Person's relationship to you Person Who Received Transfer Number Street State ZIP Code

Person's relationship to you

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| water water water water   | Läst Näme   | Case number (# kn  |  |                       |
|---|---|--|--|-----------------------|
| Within 10 years before you filed for bar<br>are a beneficiary? (These are often calle<br>No<br>☐ Yes. Fill in the details.  | nkruptcy, did you transfer any prope<br>ed asset-protection devices.) | erty to a self-settled true  | st or similar device of                          | which you             |
|   | Description and value of the prop                                     | erty transferred   |  | Date transfer         |
|   |   |  |  | was made              |
| Name of trust   |   |  |  |                       |
| 8: List Certain Financial Accou   |   |  |  |                       |
| ithin 1 year before you filed for bankrosed, sold, moved, or transferred? clude checking, savings, money markokerage houses, pension funds, cool No Yes, Fill in the details.                                 | (et, or other financial accounts: cert                                | ificates of denosit: sha   |  |                       |
| tes. Fill in the details.   | Last 4 digits of account number                                       | Type of account or   | Date account was                                 | Last balance befo     |
|   |   | instrument   | closed, sold, moved,<br>or transferred           | closing or transfe    |
| Name of Financial Institution   | xxxx  | Checking   |  | closing or transfe    |
| Name of Financial Institution  Number Street  |   | ☐ Checking ☐ Savings   |  | closing or transfe    |
|   |   | ☐ Checking ☐ Savings ☐ Money market  |  | closing or transfe    |
|   | XXXX  | ☐ Checking ☐ Savings   |  | closing or transfe    |
| Number Street   | XXXX  | Checking Savings Money market Brokerage Other Checking                                   |  | \$\$                  |
| Number Street  City State ZIP Code  |   | Checking Savings Money market Brokerage Other Checking Savings                           |  | \$\$                  |
| Number Street  City State ZIP Code  Name of Financial Institution   |   | Checking Savings Money market Brokerage Other Checking                                   |  | \$\$                  |
| Number Street  City State ZIP Code  Name of Financial Institution   |   | Checking Savings Money market Brokerage Other Checking Savings Money market              |  | \$\$                  |
| Number Street  City State ZIP Code  Name of Financial Institution  Number Street  City State ZIP Code  you now have, or did you have within urities, cash, or other valuables?                                | XXXX  | Checking Savings Money market Brokerage Other Checking Savings Money market Brokerage    | or transferred                                   | \$                    |
| Number Street  City State ZIP Code  Name of Financial Institution  Number Street  City State ZIP Code  you now have, or did you have within urities, cash, or other valuables?                                | XXXX  | Checking Savings Money market Brokerage Other Checking Savings Money market Brokerage    | or transferred                                   | \$<br>\$              |
| Number Street  City State ZIP Code  Name of Financial Institution  Number Street  City State ZIP Code  you now have, or did you have within urities, cash, or other valuables?                                | XXXX  | Checking Savings Money market Brokerage Checking Savings Money market Brokerage Checking | or transferred  ox or other depository  contents | \$for                 |
| Number Street  City State ZIP Code  Name of Financial Institution  Number Street  City State ZIP Code  you now have, or did you have within urities, cash, or other valuables?  No  Yes. Fill in the details. | XXXX—   | Checking Savings Money market Brokerage Checking Savings Money market Brokerage Checking | or transferred  ox or other depository  contents | Do you still have it? |

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| btor 1  | I mosty  | J /  | polely   | Ca  | se number (if known)   |  |  |
|---|--|--|--|---|--|--|--|
|   | i nor izatus Naviodis i  | rvarne Eas   | 1 Name   |   |  |  |  |
| ₩ No  |  | n a storage unit   | or place other than your ho  | ome within 1 year   | r before you filed for b   | ankruptcy?   |  |
| ☐ Yes.  | Fill in the details.   |  |  |   | t <sub>ell</sub> e   |  |  |
|   |  |  | Who else has or had access   | to it?  | Describe the contents  |  | Do you st<br>have it?  |
| Nan   | me of Storage Facility   |  | Name   |   | To the second se |  | □ No<br>□ Yes  |
| Nun   | mber Street  |  | Number Street  |   | A CANADA AND AND AND AND AND AND AND AND AN  |  |  |
|   |  | *  | City State ZIP Code  | · · · · · · · · · · · · · · · · · · ·   |  | TO THE STATE OF TH |  |
| City  | St.  | ate ZIP Code   | entropole constitues are consequent and consequent   |   |  |  |  |
| or nota i   | hold or control any<br>in trust for someon   | property that s  | or Control for Someone omeone else owns? Include   |   | ou borrowed from, are  | storing for,   |  |
| Yes.  | Fill in the details.   |  |  |   |  |  |  |
|   |  |  | Where is the property?   |   | Describe the property  | Val  | ue   |
| Own   | ner's Name   |  |  |   | The state of the s | AFF 07   |  |
|   |  |  |  |   |  |  |  |
| Numi  | iber Street  |  | Number Street  |   |  | \$   | <del> </del>   |
| Num   | iber Street  |  | Number Street  |   |  | <b>\$_</b>   |  |
|   | iber Street  |  |  |   |  | <b>s_</b>  |  |
| Numl  | iber Street  | ate ZIP Code   | Number Street  City State  | e ZiP Code  |  | <b>\$_</b>   |  |
| City  | Sta  |  |  | e ZIP Code  |  | <b>\$_</b>   | in the second se |
| City  | Sta<br>Give Details Ab   | out Environn   | City State   | a ZIP Code  |  | <b>\$_</b>   |  |
| City  111 CR  the purp  Environn  hazardou  | Sta  Give Details Ab  pose of Part 10, the  mental law means a  us or toxic substan  | following defining federal, statices, wastes, or   | City State  sental Information  itions apply:  e, or local statute or regulation material into the air, land, s  | ion concerning poil. Surface water  | er aroundwater or oth  | on, releases of per medium,  |  |
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| city  r the purp  Environn hazardou including Site mean utilize it o  | Give Details Ab Dose of Part 10, the mental law means a us or toxic substan- g statutes or regula ns any location, fac- or used to own, open us material means a   | following defining federal, statices, wastes, or tions controllinicility, or properterate, or utilize  | city State  nental Information  itions apply:  a, or local statute or regulation material into the air, land, so g the cleanup of these subsety as defined under any envi  | ion concerning poil, surface water trances, wastes, ronmental law, v  | er, groundwater, or oth<br>or material.<br>whether you now own,  | er medium,<br>operate, or  |  |
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| ebtor 1 Truth 1   | Splely   | Case numb  | Der (if known)   |  |
|---|--|--|--|--|
|   | ist Name   |  |  |  |
| 25. Have you notified any governmental unit   | t of any release of hazardous materia  | i17  |  |  |
| ₽ No  | o, any research  | •  |  |  |
| Yes. Fill in the details.   |  |  |  |  |
|   | Governmental unit  | Environmental Ir   | law, if you know it  | Date of notice   |
|   |  |  |  | The state of the s |
| Name of site  | Governmental unit  |  |  | ***************************************  |
| Number Street   | Number Street  | and control or the second of t | Toping and the face and the second company of the desired and the company of \$1000000000000000000000000000000000000   |  |
|   |  |  |  |  |
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| City State ZIP Code   | -  |  |  |  |
| 6. Have you been a party in any judicial or ac  | administrative proceeding under any  | onvironmental  | Include settlements and c  | 4 - marily on a complete or a constraint when  |
| No  | diminumenta hisasanii airii  | MIVII GEHERO   | aw ( include semements and c.  | rders.   |
| Yes. Fill in the details.   |  |  |  |  |
|   | Court or agency  | Nature of th   | he case  | Status of the  |
| Case title  |  | · · · · · · · · · · · · · · · · · · ·  | and the second s | case   |
| ·   | Court Name   | -  | A COLUMN   | Pending  |
|   |  |  | and the  | On appeal  |
|   | Number Street  |  |  | Concluded  |
| Case number   | City State ZiP Code  | -  | 1997   |  |
| GILATE Give Details About Your Bus  | usiness or Connections to Any B  | f  |  |  |
| 7. Within 4 years before you filed for bankrup  A sole proprietor or self-employed  A member of a limited liability comp  A partner in a partnership  An officer, director, or managing ex  An owner of at least 5% of the votin  No. None of the above applies. Go to Pi  Yes. Check all that apply above and fill | I in a trade, profession, or other activing any (LLC) or limited liability partner executive of a corporation ing or equity securities of a corporation Part 12. | vity, either full-ti<br>rship (LLP)<br>ion   | llowing connections to any busir<br>time or part-time<br>Employer Identification number  |  |
| Business Name   | peacting the nature of the pusiness  |  | Employer Identification number  Do not include Social Security nur   |  |
|   |  | Ī  | EIN:   |  |
| Number Street   |  |  |  |  |
|   | Name of accountant or bookkeeper   | processing and as one I wide adoption and an extension and the   | Dates business existed   |  |
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| City State ZIP Code   | Describe the nature of the business  |  | The state of the s | the second second of the second second second second   |
| Business Name   | Describe the material of the second  | - man de la manage | Employer Identification number  Do not include Social Security num   | mber or ITIN.  |
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| Number Street   | -ft-nt-nt-a-bankkannar   |  | EIN:   | A  |
|   | Name of accountant or bookkeeper   | ,  | Dates business existed   |  |
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|  | Middle Name Las   | st Name  | Case number (if known)   |
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|  | очива <sup>в</sup> темпения на применения в предоставления в почения в почения в почения в почения в почения в почения в п                                      | Describe the nature of the business  | Employer Identification number   |
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| Number Street  |   | Name of accountant or bookkeeper   | Dates business existed   |
|  |   |  | FromTo   |
| City   | State ZIP Code  |  | And the contract of the contra |
| /ithin 2 years bef   | ore you filed for bankru  | ptcy, did you give a financial statement to  | anyone about your business? include all financial  |
| stitutions, credit<br>Î No   | ors, or other parties.  |  | ,  |
| Yes. Fill in the   | details below.  |  |  |
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| City   | State ZIP Code  |  |  |
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| have read the and<br>nswers are true and<br>connection with  | swers on this Statement   | t of Financial Affairs and any attachments d that making a false statement, concealing result in fines up to \$250,000, or impriso | s, and I declare under penalty of perjury that the<br>ng property, or obtaining money or property by fraud<br>nment for up to 20 years, or both.   |
| have read the and<br>nswers are true a<br>n connection with  | swers on this Statement<br>and correct. I understand<br>a bankruptcy case can   | u that making a faise statement, concealing result in fines up to \$250,000, or impriso  |  |
| have read the and<br>nswers are true and<br>connection with  | swers on this Statement and correct. I understand a bankruptcy case can 1341, 1519, and 3571.  Makey tor 1  | result in fines up to \$250,000, or impriso  |  |
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| have read the ansurswers are true an connection with 8 U.S.C. §§ 152, 1  Late 1/3   20  Date 1/3   20  id you attach add  No  Yes  Id you pay or agree | swers on this Statement and correct. I understand a bankruptcy case can 1341, 1519, and 3571.   Statly tor 1  Illitional pages to Your State to pay someone who | statement, concealing a faise statement, concealing result in fines up to \$250,000, or impriso Signature of Debtor 2  Date        | ng property, or obtaining money or property by fraud nment for up to 20 years, or both.  |